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**AN ASSESSMENT OF NEEDS, SERVICES, AND PROBLEMS OF THE  
ELDERLY PEOPLE IN THE SIX VILLAGES OF DZANANI, IN LIMPOPO  
PROVINCE**

**Dissertation submitted in partial fulfillment of the requirements for the degree of  
Master of Social Sciences (Social Development).**

**at the  
University of Cape Town**

**Faculty of Humanities  
Department of Social Development**

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September 2003**

**by**

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## ACKNOWLEDGEMENTS

Grateful thanks to Professor Lionel Louw for his encouragement and enthusiasm while supervising my research. Thank you for showing me that research can be in part a full endeavour.

Thank you Professor Vivienne Taylor for encouraging me to 'name' my work, Mr Moffat Mogani and Mr M. Victor Malibatja for generously providing me with literature.

Deep thanks to my parents, Andries and Leah Mulaudzi for their support and love during difficult moments.

Special thanks to Monica Adams, Mpho Molepo and Justice Ndou for painstakingly editing my work. Thanks to Dr Roland Graser for helping me formulate my dissertation title and for the workshops.

Special acknowledgement to SADEP, for being there for me.

Many thanks to the Limpopo Provincial Government Department of Health and Welfare, The Mphephu Society for the Elderly, Dzanani civic associations and Vhembe Regional Department of Social Development who shared their experiences with me.

I am grateful to the University of Cape Town Postgraduate Scholarships Office together with The Department of Social Development at U.C.T. formerly known as , The University of Cape Town School Of Social Work for financial assistance. Responsibility for views expressed in this dissertation is mine.

This dissertation is dedicated to my girlfriend, Xoliswa Hanisi and to my friends, Mr Ndwakhulu Matooane-Tshishonga and Mr Setlogane Manchidi, for their support, encouragement, and generous contribution to my education.

## **ABSTRACT**

The primary purpose of this study is to assess the needs, services and problems that are faced by elderly people at the six different neighbourhoods that constitute the village of Dzanani, in the Limpopo Province. This dissertation also provides the reader with an overview account of the research design as well as the research techniques, which were utilized in the fieldwork to gather information. The study is mainly qualitative, descriptive and exploratory in nature. In addition to interviewing the elderly themselves, some key players such as social workers, community clinics, civic organisations and NGO's dealing with elderly issues were also consulted for further information.

Finally, results are discussed and recommendations are made regarding process and structures, which could combat current socio-economic problems facing the elderly people in their environments. Particular attention was paid to the target group themselves, that is, elderly people who are 60 years and older, as a way of identifying and observing their current problems with which they are faced at their disadvantaged communities in Dzanani village.

### **DECLARATION:**

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature. signature removed

Date... 17/09/2003

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## **1. CHAPTER 1: INTRODUCTION**

### **1.1 BACKGROUND OF THE STUDY**

The primary purpose of this dissertation is to assess the needs, services and problems that are faced by elderly people in the six villages of Dzanani, in Limpopo province. In doing this, the researcher explores this topic because little research has been done on it. It is the belief of the researcher that the topic will be relevant to the improvement of the social development of the community of Dzanani. The researcher traces the history of social welfare in the said community to identify factors that may have led to the current state of inefficiency in service delivery.

The literature review used in this research is based on different scholars to substantiate the arguments raised in this dissertation. In fact, this information also helped the researcher to understand the problems facing elderly people, particularly at the pension pay-points. The researcher intends to assess the problems confronting the pensioners, particularly at the pension pay-points.

Terms such as the elderly people, pension pay-points, the family, were used throughout in order to develop the conceptual framework towards the research findings. The researcher does not merely wish to complete a research report for academic purposes, but also wishes to provide the professionals such as social workers and social development practitioners, managers and co-ordinators with

relevant information, which could be utilised towards the provision of social services. Finally, since this is mainly qualitative research in nature, it afforded the researcher the opportunity to get in-depth information about the needs of the elderly people at Dzanani.

The researcher's observation of the elderly, their experiences and comments in his own home village of Migavhini situated in Dzanani has also contributed to his interest in this research. Given the above, it has always been the researcher's concern to investigate how the elderly people are treated at their homes or pay-points as well as in the community at large. This concern has been further enhanced by a case whereby a young man assaulted his grandmother at a particular pay-point because he was in need of cash to purchase *marijuana*.

## **1.2 THE PROBLEM STATEMENT**

The problems that are faced by elderly people ranges from housing, abuse at home, neglect and ill-health, the unsatisfactory circumstances at pay-points, several dependents on the Old Age Pensions (OAP) and lack of community based services such as clubs to provide activities and sometimes food.

It is commonly known that the social problems that continue to confront elderly people either at home, family or in the broader community requires a concerted effort from the family, Community Based Organisations (CBOs) and government

departments. This is not a surprise that one of criteria for a healthy society is the care for its senior citizens.

However, this is also caused by the lack of co-ordination among the elderly people and CBOs such as Civics and societies for the aged. In South Africa, little attention has been directed towards the specific problems of the Black aged in particular.

This paper quotes the report by the Ministerial Committee on Abuse, Neglect and Ill-treatment of Older Persons (Volumes I and II) which was published on the 26 February 2001. It indicated clearly that, the current delivery of social services to the elderly remains fragmented, poorly managed, racially divided, under resourced and beyond the reach of the vast majority of the old (Ministerial Committee, 2001 Volume I: 2).

Often government departments, CBOs, and Non-Governmental Organisations (NGO's), attempt to assist the elderly so as to alleviate the various life pressures in different communities. The Dzanani community is no different. The Mphephu Society for the Elderly is a CBO which attempts to assist the elderly people in Dzanani. This research also took into account the extent to which the Mphephu Society for the Elderly delivers services to the Dzanani elderly community.

### **1.3 AIM OF THE STUDY**

The primary purpose of the study is to assess the needs, services and problems that are faced by elderly people in the six different neighbourhoods that constitute the village of Dzanani, in Limpopo province.

### **1.4 OBJECTIVES OF THE STUDY**

1. To conduct a service or needs survey in Dzanani in order to identify and assess the needs, services and problems faced by elderly or aged at the pension pay-points.
2. To evaluate the impact of the identified needs and problems on the elderly people.
3. To establish the extent to which the Mphephu Society for the Elderly meet the needs of the elderly in Dzanani.

### **1.5 DEFINITION OF TERMS**

For the purposes of this research, the concepts and terms are defined in order to facilitate the common understanding in this research report.

#### **1.5.1 Care (of the aged)**

The concept "care" refers to the provision of food, accommodation and clothing. This care also includes the general well being of the aged person both physically and mentally.

### **1.5.2 Elderly abuse**

Defined by Baumhover and Beall, (1996:2) as adverse acts of omission or commission against an elderly person, and includes the following:

- Physical mistreatment, such as striking and burning
- Verbal, emotional, or psychological abuse, in which the older person is subjected to repeated insults, humiliation, and treats
- Material or financial abuse, such as misuse of the victim's property or finances
- Passive and active neglect, including withholding items or care that is necessary for living
- Violation of rights, in which an older person is forced to do something against his or her wishes.

### **1.5.3 The aged**

The term 'the aged' refers to the population of individuals who are 60 years and older. (In South Africa women qualify for an old-age pension at 60 and men at 65).

#### **1.5.4 Service centre**

The concept "service centre" refers to a building where services such as recreation, meals, medical attention and social welfare are provided for the aged.

#### **1.5.5 Home for the aged**

A home for the aged is a place where old people are housed, where they enjoy balanced meals and personal and social care, which is provided by trained personnel.

#### **1.5.6 Pay-point**

The term 'pay-point' is used in the study to describe the places where senior citizens, being the aged people, normally receive their monthly pension, e.g. places like community tuck shops, soccer grounds, community halls and/or schools.

#### **1.5.7 The family**

According to Scherz, as cited by Beaver and Milner (1992:1), "most people who have written about the human family conceive of it as a group of people in

interaction. The family, as a primary institution on socialisation, teaches, its members to love, to think reflectively, to think, to be responsible, and to perform required social roles". This is how the family is defined and used in this study.

#### **1.5.8 Home care**

Home care is a collective term for all agencies or services providing care in the older person's home.

#### **1.6 ASSUMPTIONS**

The author holds the following assumptions, hence his interest in this area of the aged:

1. A responsible and caring society is the one that looks after the well being of its senior citizens.
2. No effective delivery of services without the active and full involvement of the elderly people themselves.
3. Concerted effort and co-ordination is required for the delivery of quality and affordable services.

#### **1.7 SIGNIFICANCE OF THE STUDY**

This research apart from being an academic exercise, will also play an important role in terms of empowering members of CBOs such as the Mphephu Society for the Elderly in providing quality services to the elderly people.



The research will further assist public, private as well as NGOs and CBOs involved in the welfare of the elderly people.

It will also equip local, provincial and national policy makers with substantial information valuable for strategic planning. Moreover, the senior people themselves will be able to utilise the outcome of the research to demand their rights and also make informed decisions. In order to facilitate this process, the researcher has planned to organise a series of educational workshops based on the findings at the earliest possible in the future time.

### **1.8 THE LIMITATIONS OF THE STUDY**

Since the researcher has conducted this research in his capacity as a student and not as a professional researcher, power relations have played a major role in the process of gathering information.

Therefore, the nature of the study has major limitations since there were not enough case studies, which was done before this one based in Dzanani village, either by local institutions who are currently in Venda. The other reasons is because, even at the University of Cape Town (UCT) library, there is not enough material/information based on the Dzanani village.

However, there is little documentation pertaining to local structures such as the Mphephu Society for the Elderly. As a result of this lack of information, the

researcher made use of other literary sources, which mainly deal with the needs-assessment and other social problems confronting the elderly people of South Africa in the 21<sup>st</sup> century.

## **1.9 THE ETHICAL APPRAISAL**

The researcher was well aware of the ethical issues such as anonymity and confidentiality including their implications for fruitful engagement with the respondents. In anticipation, the respondents were informed about the nature and rationale behind conducting research of this nature. This has assisted in the facilitation of the process including having informed consent from the respondents. From the onset of undertaking this research, elderly people were agitated as to what the outcome of the research would be and how they could benefit from the entire process.

The issue of confidentiality was problematic, in the sense that the information obtained would be disseminated to local and public department for the purposes of policy and planning. In order to dispel fear, the researcher took some time to explain to respondents and when a conducive environment was created, the respondents were able to open up in volunteering information.

Before interviews were conducted, the researcher introduced himself, the content and process of research was explained to gain access and respondents'

permission. Participation was voluntary. All participants were informed of the purpose of the research, and that it was not being conducted secretly.

## **1.10 STRUCTURE OF THIS DISSERTATION**

In summary, this research dissertation will be divided into 6 chapters, which deals with different aspects and issues related to the welfare and problems faced by elderly people.

**Chapter 1** introduced what this research is all about; it also gives direction in terms of problem statement, research questions, and the importance of the study as well as its limitations.

**Chapter 2** deals with the theoretical framework by interrogating and reviewing the existing literature around needs, issues and problems pertaining to the elderly people.

**Chapter 3** describes and summarises the community profile of Dzanani village. In short it is about the location and name of the community in which the research had been conducted.

**Chapter 4** looks at the rationale behind the methods and techniques selected and used in the process of conducting this research.

**Chapter 5** focuses on the research data: analysis and the presentation of the main findings.

**Chapter 6** is the concluding chapter of the research and deals mainly with conclusions and recommendations.

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## **2. CHAPTER 2: LITERATURE REVIEW**

### **2.1 INTRODUCTION**

This chapter serves to provide the reader(s) with an overview of the literature which guided the study. The purpose being to acknowledge what other researchers have already documented on the same topic. The literature review plays an important role as it explains and summarizes what other scholars have argued about the issue of elderly people in South Africa. The chapter will be divided into three sections.

The first section will focus on service delivery during and post the apartheid era. The second section will explicate and deliberate on socio-economic problems as pathologies faced by elderly people within the South African context. The third section focuses mainly on the literature pertaining to the needs of the elderly people in South Africa.

### **2.2 SERVICE DELIVERY DURING AND POST THE APARTHEID ERA**

#### **2.2.1 Service Delivery during Apartheid Era**

The social welfare problem in South Africa has roots deep in the apartheid system and years. During apartheid there were several departments organized on racial lines. In short, black, white, Indian and coloured people had different social welfare departments and also the services rendered to them varied.

Due to unjust, discriminatory, and dehumanizing apartheid policies, it was impossible for the newly elected government to provide quality and affordable welfare services without proper restructuring and transformation.

It is therefore no surprise that when the government of national unity took over in 1994, one of its overriding imperatives was to amalgamate all separate departments into one single structure responsible for the welfare needs of all racial groups.

There seems to be a challenge on how to manage the historically fragmented structures. This by itself poses a challenge that requires the relevant government departments together with relevant stakeholders to have a concerted effort towards mobilizing and optimal utilizing of resources (human and material) for quality and affordable service delivery.

Furthermore, it has been abundantly clear that during the apartheid era, "research on ageing in South Africa tended to be fragmented and has focused mainly on the white aged and issues peculiar to this group, while other elderly population groups and important aspects of ageing have been relatively neglected" (Ferreira, Gillis and Moller, 1989: 1). For example, old age pensions were paid to whites from the early years of this century and were gradually extended to other so called "population groups", albeit on an unequal basis.

Viljoen (1989:27) also confirms this when highlighting that, "since 1944, social pensions have been paid on bimonthly basis to aged black people. The following two reasons were given for bimonthly instead of monthly payments:

- Shortage of staff in the office of commissioners and magistrates;
- The impossibility of involving banks and post offices in the payments of social pensions because of the great distances beneficiaries would have to cover, the illiteracy of most beneficiaries and the lack of insufficient branch offices of banks and post offices at strategic points".

During the 1980s, more and more protests were raised against the inequality of pensions for the various race groups including poor conditions at pension pay-points for black people and also the bimonthly payment of such pensions while rent and other obligations have to be met monthly.

"In 1983 the South African National Council for the Aged did a survey on the paying out of social pensions to aged black people in the Johannesburg and East Rand regions and very clearly established beneficiaries' overwhelming preference for monthly payment of pensions. These findings were made available to the Department of Co-operation and Development, and it was as a result of this that the present research in rural areas was commissioned" (Viljoen, 1989:28).

Table 1 below, cited by the Ministerial Committee (2001 volume 1:21), illustrates the way social pensions were distributed according to race in 1979:

**Table 1: Social Pensions: Amount Paid According to Race Since 1979**

YEAR	WHITES	COLOUREDS/INDIANS	BLACKS
1979	R97	R54	R27.50
1983	R138	R83	R49
1989	R250.70	R199.70	R149.70
1991	R304	R263	R225
1992	R314	R273	R235
1993	R345	R314	R293
1993	APRIL	OCTOBER	OCTOBER
	R370	R370	R370

**Source: Ministerial Committee, 2001 Volume I: 21**

The post-apartheid era is one in which all the pensioners have to be dealt with on the same basis, i.e. no discrimination. The policy mandates that this be done. Hence, the amount of the OAP is same for all pensioners.

Since there is greater transparency in service delivery and a growing awareness of rights, the pensioners have also become more vocal about the challenges that the government faces in equalising service delivery. Below are some of these challenges that require urgent attention. The chapter will expand further on these and others.

### **2.2.2 Service Delivery during the Post-Apartheid Era**

What differentiates the apartheid from the post-apartheid era in terms of service delivery is that during the apartheid regime, the majority of the black people were excluded from receiving basic services than their counterparts.



However, one of the post apartheid-democratic government challenges has been to ensure that policies are developed and formulated in order to cater for the socio-economic needs especially for the marginalised and disadvantaged black population. Numerous studies have, however demonstrated that the social security in South Africa was and is still largely regarded as being inefficient and inadequate.

- The Ministerial Committee on Abuse, Neglect and ill-treatment of Older Persons (Volumes I and II) which was published on the 26 February 2001. It shows that, " the delivery of social services to the elderly remains fragmented, poorly managed, racially divided, under-resourced and beyond the reach of the vast majority of the old". (Ministerial Committee, 2001 Volume I : 2).

For example, it has been reported recently in the media that, "in the Eastern Cape Province (in the Mdantsane area), one of the most serious complaints of black pensioners has been inadequate delivery system" (Media Release, 2003). Again, some of the poor service problems reflected in the report compiled by two officials viz. The Deputy Director General responsible for Social Security, Fezile Makiwane and Chief Director Communications Mr. Mbulelo Musi also include the following issues as problems encountered by pensioners:

- Changing of payment dates without proper consultation and communications between the Social Welfare companies and the provincial department
- No provision of shelter and first kit at pay-points
- Poor client care
- Overcrowding at pay-points
- Frequent breaking down of machines used by the Social Welfare companies.

In response to the latter unpleasant situation, President Thabo Mbeki appointed and dispatched a team to the province to “help with administrative governance issues following disturbing reports of poor service, corruption, fraud and mismanagement within government structures”(Media Release, 2003).

From the above mapped out scenario, there is a clear indication that there is still a huge gap, which needs to be addressed in terms of service delivery offered by the present African National Congress (ANC) government towards elderly people. In addition, the above mentioned statements also depict that during apartheid era elderly people were confronted with the same problems such as insufficient coverage of the target population, racial division, discrimination, fragmentation, slow or non-delivery of grants.

Luiz (1993: 585) also took this point further when he stresses that "currently the new South Africa has inherited the even more confusing structures of the former self-governing areas and 'independent states', in which most of them are in chaos and infected with corruption and poor service delivery".

Furthermore, he advises that dealing with these problems requires new approaches to social services. Public education was proposed as a solution to the above so as to ensure that the beneficiaries are informed appropriately and on time.

## **2.3 PROBLEMS FACED BY THE ELDERLY PEOPLE IN SOUTH AFRICA**

### **2.3.1 Social Problems**

As reported by the (Ministerial Committee, 2001 Volume I: 2), the elderly of every race, religion, culture, age and gender in South Africa experience various social problems. It is shown that social problems of elderly people is a widespread phenomenon that has only fairly recently been recognized in the media. Although it usually occurs in the context of the family, the community and society as a whole do contribute to it.

### **2.3.2 Family support**

The Ministerial Committee (2001, Volume I: 7), has revealed that elderly people suffer from various abuses and ill-treatment, most of those cases being committed mainly by family members such as children and grandchildren.

Prevalent among those cases are rape, committed by those people who believe that by having sexual intercourse with an inactive person could be a cure to HIV/AIDS.

Their situation is further aggravated by neglect with inadequate and unaffordable housing and further compounded by high rental bills and rates for services such as water and electricity. For those places where clubs for the elderly people exist, there is a lack of leadership that is capable of managing such initiatives professionally. Moreover, the lack of fundraising skills render the sustainability of clubs almost impossible.

By having only one national help line (which exacerbate the situation that elderly found themselves in) means there is no or little help to the elderly victims, especially those with no access to a phone.

Until recently, little attention was paid to the problem of the care of the black aged in South Africa. It is shown that, in cases where families care for their aged, this care is often unsatisfactory and outside help is frequently needed. On the same note, questions arise as to who should care for the aged and the extent to which the black family is involved in the care of its elderly members.

In an attempt to answer these questions a study was conducted, based on the assumption that while the major responsibility for the care of the aged is in some

cases no longer that of family, black families still see themselves as having some responsibilities in this regard. (Cowgill & Holmes, 1972:11).

According to Chinkanda in Ferreira (1989), it has always been assumed that black families are often able and willing to take care of their elderly. However, the lack of supportive family resources seems to be a problem even in other communities. Because supportive resources are hardly available, especially where the urban black aged is concerned.

Chinkanda confirmed the latter point by saying that welfare organizations and church groups to an increasing extent face the problem of providing shelter, health care, transport, food and clothing for the growing numbers of urban black aged (as cited in Ferreira, 1989). This is a clear indication that provision of services is not based on the felt needs or are simply non-existent.

Moreover, to motivate the above mentioned statements the White Paper for Social Welfare (1997: 58) further indicated that "families have been particularly affected by the social, economic and political policies of the past, the inequitable distribution of resources, social changes, migration patterns, the growing subculture of violence, and changes in the traditional roles of women and men". Quite clearly the family structures have to a great extent been disrupted and in some cases destroyed leaving the elderly to care for themselves.

In order to address the above-mentioned concerns, the appointment of a task team was recommended. The purpose of the Task Team was to ensure that the crisis in the delivery of services to the elderly is addressed and give attention to the findings and recommendations of this report by (Ministerial Committee, 2001 Volume I: 8).

However, the committee concluded that little respect is given to the elderly either by government departments or by the community at large. Some are told, "You had your life. What more can you expect?" This attitude needs to be counted in practical ways, at all levels and in all spheres where it prevails.

### **2.3.3 Economic Problems**

It is difficult to make a general statement concerning the economic problems of elderly people, including their economic survival. This is further aggravated by the fact that the available figures on income levels of elderly people taken from various sources are not in agreement. Even though percentage figures are available for elderly people at specific low-income levels, they do not provide a basis for generalising for all senior people.

For example, Dubazana confirmed the latter point by saying that "the majority of the elderly people particularly those in the rural areas are currently faced with a

number of economic problems as a result of poverty and underdevelopment" (as cited in Ferreira, 1985).

However, due to poverty and underdevelopment, elderly persons also suffer from chronic diseases, such as loss of sight and hearing, and neuromuscular diseases that impair movement. For example, Dubazana (1985) and Nzimande (1985 as cited in Ferreira (1989), also stress that Pellagra is a common problem among the elderly in the rural areas because they have to survive on a staple diet of maize due to the lack of regular supply of proteins and other nutritious food.

Again, financial mismanagement is probably one of the most common forms of abuse practised by the family members and members of the community towards the majority of elderly persons in their homes. Pritchard (1996:1) also argues this when highlighting that, "it is not only family members or members of the community who abuse elders in this way; professionals do also abuse them in their homes".

For example, in such instances elderly people may be forced to sign a will or hand over assets against their will or concern.

In this regard, (Bryan, Lindgren and Joubert, 2001) also asserted and further indicated that:

"Elderly individuals are being robbed of their money and raped, both by known community members and by strangers, and nothing or little has been done about it due to lack of information on relevant resources where such cases could be reported and or handled".

Moreover, the South African Council For the Aged (1991,12-14) also stress that: "comparing the income of older people with that of the rest of the population demonstrates that elderly people are more likely to live in poverty (i.e. at below income levels plus 40 per cent) and are more likely to experience poverty or low income over a long period of time"

Therefore, this goes to show that the present ANC-led government should as a matter of urgency, look into social security as a whole and the current amount of pension in particular (R700). The elderly people think it is too little to meet their daily needs. From this literature review, it is evident that most of the black pensioners in South Africa, particularly in rural areas, are compelled by economic circumstances to support their families with their pension fund. Superimposed on the above, they are also paying services and make sure that their children and grand children go to school.

However, it really shows that there is a huge gap that needs to be filled in terms of current pensions paid to the elderly people.



To substantiate this, the following Table 2 issued by the Department of Social Development, records the types and amounts of the current social security payments:

**Table 2: Types and Amounts of Social Security Payments, 2003.**

Grant Type	Grant Before Increase 31 March 2003	Grant After Increase 01 April 2003	Maximum Increase Value
Grant for the aged	R620	R700	R80
Grant for the Disabled	R620	R700	R80
Care dependency grant	R620	R700	R80
Child support grant	R130	R160	R30
Foster child grant	R450	R500	R50
Grant-in-aid	R120	R150	R30

**Source: Department of Social Development**

The report of the Ministerial Committee (2001: Volumes 1 and 2) further substantiates these views.

This Report also included residential homes and conditions at pay-points in the identified problems of older persons.

#### **2.3.4 Residential Homes**

The findings of the Ministerial Committee (2001, volume 1: 8) indicated that the homes of pensioners who stay alone are targeted by the criminals on pension day. They have nowhere to turn: the police are not interested; community

members do not respond; the churches do not help them. This simply means that nobody seems to take responsibility for addressing it.

### **2.3.5 Conditions at Pay-points**

The loudest cry to reach the Committee concerned the treatment pensioners receive at pay-points. Most of them have to queue for hours every month, at the mercy of the elements, without water or toilets. Many are ill treated by officials, some of whom are alleged to take money. However, pensioners have no protection from money lenders who use the pay-points as their play ground, grabbing pensioners publicly, taking their identity documents and forcing them to hand over a large part of their pension every month.

For example, the Committee also found that in Uitenhage the queue of money lenders was longer than the queue of pensioners. On top of this, many pensioners had their pension suspended without notice or explanation in 1999, then waited for months to have it restored and were not paid the arrears due to them. This was particularly evident in the former Transkei. Finally, security at pay-points is another great concern for pensioners and also when they have to return home after dark. (Ministerial Committee, 2001 Volume I: 6).

## 2.4 THE NEEDS OF THE ELDERLY PEOPLE IN SOUTH AFRICA

### 2.4.1 Need for information

There is a great lack of information about aged people generally in South Africa. For instance, the divisions within the South African population had a major influence on the way research is done. In this regard, Eales (1980, 30) also stated that there is a little research available on aged people generally in South Africa. However, the findings of Eales (1980) indicated that, the most important factors regarding the needs of aged people in South Africa are:

- (1) "The severe shortage of reliable information about the needs of the aged in South Africa;
- (2) The effect of the stereotype of the needs of the aged on care for the white aged in South Africa is very evident in the high proportion of white aged in old age institutions;
- (3) It is likely, as in other fields, that the pattern of needs and care accepted by white population groups would be transplanted to other population groups, and that this will also apply to the care of the aged;
- (4) The needs of the different population groups are seen differently, which is used to justify the different manner in which resources are allocated. This has meant that the aged of each population group is treated differently "(Eales, 1980:42).

### **2.4.2 Financial needs**

The South African Council For the Aged (1991, 12-14) revealed that a significantly large number of elderly people in South Africa rely on the pension as their source of income towards their economic, social and economic survival. Perhaps most importantly older people need financial and material security in order to be able to achieve emotional security (Brearly, 1977:50). However, it is shown that the majority of the older people also stress that the current pension is not enough to meet their daily basic needs. This is partly as a result of most of their families are also depending on the pension that is given to the elderly for their livelihood.

The Ministerial Committee (2001, volume I: 9) also showed that "on several occasions old people complain about high arrears of bills and are unable to pay their rates, water, electricity and phones due to the financial constraints". This clearly indicates that financial need is still a serious problem facing elderly people in South Africa and their families.

### **2.4.3 Shelter/housing**

Many reports have stressed the needs for special consideration of the aged in all housing plans. Older people are likely to spend proportionately more of their income on housing than does the community as a whole (Brearly, 1977: 42).

#### **2.4.4 Particular Housing Needs of the Older Individual**

According to Hoffman (1970:2), "the lack of our society to meet some of the particular needs of older people is due to at least three things. (a) The lag between stated goals of income maintenance and security and the actual economic situation of large numbers of older individuals; (b) the failure to anticipate the evolving needs of the aging individuals in relation to the homes and the community; and (c) the emphasis in recent decades upon the environmental needs of younger age groups".

One obvious indication of the seriousness of this situation is the generally low level of their incomes do not enable them to afford comfortable accommodation. Moreover, it is shown that inadequate accommodation, or the anticipation of increasingly inadequate housing, is one of the commonest reasons behind applications for admission to residential care. It is still a widespread need among the elderly people.

The Ministerial Committee (2001, Volume II: 11) also indicated that "in Orange Farm: a report was received by the Committee on conditions at a home whereby the fourteen elderly people are housed in containers. Whereas on the other hand it is also reported that in Soweto Home for the Aged, the home is not functioning well due to management problems and as a result of this the elderly people felt uncomfortable and distrusting such a home".

Furthermore, the Ministerial Committee (2001, Volume II: 11) continued to show that two pensioners from Naledi claimed that they had been evicted from their houses by a councilor and forced to move into a shack. The above-mentioned cases are a clear demonstration that housing is a common problem facing elderly people in South Africa.

#### **2.4.5 Safety and Security needs**

Holmes (1983:113), in his research on the planning of housing stresses the point that safety and security is one of the basic needs essential for the elderly people. This is due to the fact that many Old Age Homes in South Africa are not suitable for old aged people where one may find that the majority of aged people are often live in fear of crime, theft and assault.

This problem was further confirmed by The Ministerial Committee (2001, Volume I: 22) which reported that in Ladysmith Public Hearings attended by 1544 people, Mrs Sithole of Makhasi Old Age Homes said elderly people were brought to the home by social workers because of neglect at home.

Further, she mentioned that there was rape of the elderly and criminals were robbing them but no action from the police was taken. It was also reported that one of the elderly women complained that her son who chased her with a knife assaulted her due to his need for her pension money. The case was reported to the police but nothing was done to apprehend the accused.

Moreover, it is shown that in the Northern Cape security at pay-points is a great concern for pensioners, particularly when they have to return home after dark. Money lenders are active at pay-points, take identity documents, are subjected to little control and harass pensioners.

## **2.4.6 HEALTH RELATED NEEDS**

### **2.4.6.1 Need for Improved Medical Care**

According to Harel, McKinney and Williams (1990), health and medical care are two concerns of elderly persons in general and the Black elderly in particular. Old age is generally accompanied by deteriorating health and an increasing need for medical care. These attributes of old age are especially problematic for the Black elderly, as they suffer disadvantages in both health status and health care.

It is generally recognized that adequate medical care ranks with economic security as one of the most important needs of the elderly. As yet, there are no programmes of care that meet either the preventive or the therapeutic needs of this group. In addition, there is a lack of adequate planning for the efficient distribution of services. It is, of course, difficult to predict what the medical requirements of the aged will be in the future.

#### **2.4.6.2 Inadequacy in the delivery of services**

Field (1972) also show that the frequently inadequate medical care provided for the elderly is further aggravated by poor distribution of such services within the community. An understanding of all these factors makes it apparent that there is a need for some drastic changes in the system of delivery of services.

Field (1972) reports that studies of the less prosperous sections of the community have revealed an important factor that emphasizes the need for such changes, namely: the elderly person frequently seeks medical attention only when his/her illness has reached a crisis level. In fact, many people in the underprivileged communities, but especially the elderly, have no contact with a physician except in a crisis situation.

#### **2.4.6.3 Other Problems of Access**

Blacks and other minorities are over represented among families who report a need for medical care but fail to obtain it (Harel, McKinney and Williams, 1990), or are refused for financial reasons. However it is shown that members of minority groups admitted to public hospital emergency rooms for evaluation are sometimes transferred to other facilities, despite the risk of life-threatening arrhythmias because of their inability to pay for medical care.



The Ministerial Committee (2001, Volume I: 20) also confirms this when highlighting that, "In Pietermaritzburg Northdale hospital, health care is becoming increasingly difficult for elderly people to access. And the cost of the doctor, the medication and transport causes many patients to forego their treatment".

#### **2.4.7 Need of the Volunteer workers for the Aged**

Volunteer workers are needed as security to help aged people at pension pay-points, old age institutions and even within families (South African Council for the Aged, 2000:2). As the White Paper for Social Welfare (1997) also notes, "a good balance should be struck between individual, family, community and government responsibilities for the older people". Further, it was shown that volunteers can be of great help at pension pay-points, helping pensioners especially those with reading and signing difficulties, since some of the pensioners are illiterate and are easily exploited and abused.

For example, at Barkley West pay-point in Kimberly it transpired that there was insufficient security from pensioners committee. This situation could have been remedied by the assistance of the volunteers (Ministerial Committee, 2001 Volume II: 38).

Furthermore, community-based services are most important in fulfilling a caregiving task (Mokone, 1999: 133). To substantiate this, the research conducted by Lund and Madlala (1993:2) also showed that many of the family

and volunteer caregivers in South Africa today need training in care of the elderly in order to protect elderly people against criminals and rape perpetrators. This is because the responsibility of caring for the aged has increasingly shifted from the family to the community in general.

In this regard, Eales (1980) further asserted and indicated that the areas of need relating to services and facilities therefore include:

- “ The need to provide 'substitute' or alternative services for the very small percentage of people who are infirm and wholly dependent on others, and who have nobody who can adequately care for them, e.g. an old age home;
- The need to provide 'supplementary' services to aid elderly people who are particularly dependent on others, e.g. meals-on-wheels, to assist them to continue living in the community;
- The need to provide supportive (or preventative) services to enable the majority of aged people to continue to live as independently and as comfortably in the community for as long as possible, such as health services, chiropody and aids, e.g. hearing aids” (Eales, 1980:35).

#### **2.4.8 Clothing need**

Most of the early gerontological research was done in the health related fields and little had been done until recently in the area of clothing need. However, clothing has always been regarded as one of the needs of older people but it has only recently become an area of serious scientific research among the social scientists and home economists (Hoffman, 1970:1).

The clothing needs of older women, by and large, are similar to those of middle-aged women and the problems they encounter in providing themselves with suitable clothing are similar to the problems encountered by middle-aged women. Moreover, they also have some needs and some problems, which may be, age - related and which fall mainly into 3 categories.

"They consist of (a) the economic problem (ability to pay), (b) the suitability in terms of design, colour, and fabric, and (c) the fitting standards (Hoffman, 1970:1) ". Therefore, it is reported that among the very low-income groups, there is practically no expenditure for clothing at all and that these groups depend on used clothing given to the elderly people by individuals and community groups.

Presented in this chapter was the literature review. Given the nature of the area of the research conducted, one cannot avoid realizing that the literature review has been fairly broad. There are few important points to note from the above literature review.

First and foremost is the point made by Ferreira, Gillis and Moller (1989) when they point out that the white aged, unlike the black aged, have been well researched. This research attempts to fill the gap as far as research on the black aged is concerned.

The Department's Media Release (2003) highlight issues such as:

- No provision of shelter;
- Over crowding at pay-points; and
- Changing of payment dates without proper consultation and communication.

This paper quotes the report by the Ministerial Committee on Abuse, Neglect and ill-treatment of Older Persons (Volumes I and II) which was published on the 26 February 2001 as mentioned in the above literature review, highlights a number of concerns such as:

- Poor safety and security at pay-points
- Poor treatment received from officials at pay-points
- Poor service conditions such as long queues etc.

Having said all this, it would be of great interest to see whether any of these claims made by others will be confirmed or disputed by this research.

This remains to be seen in the rest of the report. In the next chapter the community of Dzanani will be profiled.

University of Cape Town

### **3. CHAPTER 3: COMMUNITY PROFILE OF DZANANI VILLAGE IN LIMPOPO PROVINCE**

#### **3.1 INTRODUCTION**

The purpose of this chapter is to describe the community profile and the geographical location of the Dzanani village in the Limpopo Province. The information is derived from a variety of sources listed under "Dzanani Profile" in the Bibliography.

#### **3.2 NAME OF COMMUNITY**

Dzanani is a community occupied by *the Mphephu people*, the descendants of Makhado Ramabulana (*the* elder brother to Tshivhase and Thohoyandou).

#### **3.3 LOCATION**

"Dzanani is located in the Limpopo Province, in the area, *formerly* known as Venda-Nzhelele district, *falling* under Chief Mphephu dynasty. Dzanani is situated on the western side of Thohoyandou, the capital of the former independent within the apartheid system of Venda, 35 kilometers from Louis Trichardt and 50 km from Thohoyandou. The village of Dzanani is divided by the N1 road, which starts right in Cape Town through to Messina. Dzanani is mainly a black residential area" (Tshishonga, 1996: 1).

### **3.4 CLASSIFICATION**

"Dzanani is a rural area with some development and improvements. These include a few modern houses. Parents encourage their children to go schools, and there are water taps at homes so that people need not fetch water from wells and rivers. People strive to improve their quality of life through participating in community matters affecting their lives" (Tshishonga, 1996:1).

### **3.5 DESCRIPTION OF THE COMMUNITY**

#### **3.5.1 GEOGRAPHICAL CHARACTERISTICS**

"Geographically the physical build of the area is flat, dominated by a gentle sloped area and hillock where the headman's kraal is situated.

This community is surrounded by hills in the south, north and west. Dzanani borders six communities, Sendedza (north), Mphaila (east), Ha-Makatu (south), Vhutuwangadzebu (west), Ha-mandiwana (north-west) and Ha-Mphephu on the southwest. There are two rivers, Mutshedzi River on the south and Nzhelele River on the north form natural boundaries" (Tshishonga, 1996:1).

#### **3.5.2 CLIMATE**

"The climate is warm to very hot in summer because it is near the tropic of Capricorn, and cool (mild) and windy in winter because it is flat. The average rainfall is 700mm-1000mm" (Tshishonga, 1996:1).

### **3.5.3 SOIL**

Dzanani has good loam soil and clay sandy soil, which is good for agricultural production.

### **3.5.4 VEGETATION**

"Vegetation is sour veld suitable for crop farming rather than grazing. Because of Dzanani's sandy loam and heavy clay soil, the community is able to practice farming by planting trees, such as mangoes, avocados, paw paws, bananas, sugar cane and oranges in orchards and near irrigation schemes. These schemes include guavas, peaches, apricots, grapes, and litchis good for hot and rainy places"(Tshishonga, 1996: 1-2).

### **3.5.5 AGRICULTURE**

"Vegetables that are grown at home are cabbage, tomato, pumpkin, beans, onion and spinach. These are irrigated by irrigation schemes, as are larger sweet potato crops. Cash crops are maize and groundnuts. There are also two blue gum plantations" (Tshishonga, 1996:1-2).

"Dzanani is geographically and demographically well placed because it is near Louis Trichardt and the Makhado industrial areas and Siloam hospital. It is close to the N1 tarred road, with easy access to Louis Trichardt, Thohoyandou or



Messina's Beitbridge border that divide South Africa and Zimbabwe. Dzanani has growing community-based structures such as a civic, a business forum, Parent-Teacher (student) associations, a community burial society, a territorial council and a development forum. Development initiatives by government include the newly built clinic, creche, pre-school community garden and brick-making project"(Tshishonga, 1996:1-2).

### **3.6 PEOPLE OF THE COMMUNITY**

"The six different neighbourhoods that falls under Dzanani also *consist* of refugees from Zimbabwe, who *flock in* to Dzanani neighbourhoods on a daily basis due to the current economic and political situation in Zimbabwe. Some of them are currently working as hawkers, domestic workers, farming and others as road diggers and also ploughing in the fields. Therefore, the total number of *residents* that are currently staying in the six different villages that constitute the community of Dzanani, in Limpopo province are 7 655" (Statistics South Africa: 1996).

### **3.7 HISTORY OF THE COMMUNITY**

#### **3.7.1 Historical background of Dzanani**

"Dzanani is a community, which is 35 km away from the town called 'Louis Trichardt'. The name Dzanani derived from the Mountains called Songozwi where King Makhado inhabited. This village was founded in the 1800"(Statistics South Africa: 1996:1).

### **3.7.2 Dzanani Chieftainship and Dynasty**

"The late chief P.R. Mphephu succeeded his father Makhado's chieftainship. Patrick Ramaano Mphephu was the first chief in the newly founded Dzanani area. In September 1979 he was officially elected as the President of Venda. King Mphephu died in 1988; 'vhakoma' (Headmen) and ward leaders then ruled Dzanani area. However, since 1994, the Mphephu's chieftainship *has been* taken over by his sons"(Tshishonga, 1996:2-3).

### **3.7.3 The current burning issues regarding the elders are:**

- "To get resources to the area for the aged
- To encourage elderly people to vote in local elections since they have lost their hopes as a result of unfulfilled promises by political organisations after the national *elections*.
- Crime against old people is escalating a lack of jobs for the younger generation.
- People, young and old, have registered in the adult, night (learning centre) school"(Tshishonga; 1996:4).

## **3.8. POLITICAL DYNAMICS**

### **3.8.1 Political Background**

"In the early eighties, political organisations emerged strongly in this community. They made a breakthrough in terms of fighting against both the apartheid government and the Venda homeland government"(Tshishonga, 1996:4).

"The political strength in the community was stabilised by the youth. In this community the youth were politically inclined with an aim of political victory. Dzanani village was one of the strongholds of the 'Vhuthihi ha Venda People's Party' (VPP)"(Tshishonga, 1996:4).

"During the late 1980s, young people were furious about witchcraft. They burnt houses and neck-laced suspects (mainly elderly people) in defence of witchcraft victims. However, since the unbanning of political organisations in 1990, various organisations such as ANC, PAC, AZAPO and NP operate in the area. People are joining and supporting them. The community has a very strong civic association, which actively addresses and resolves problems faced by the Dzanani residents such as lack of resources, and the burning of those accused of witchcraft to mention a few. Due to all co-operative structures, tremendous development is being made in the community"(Tshishonga, 1996:4).

### **3.9 BUSINESS AND DEVELOPMENT**

In interviews with the Chairperson and Secretary of Dzanani Civic Association they said that, "the Civic and Development Forum in the area aims to erect housing, a clinic, a pre-school and crèche .

They also mentioned that, Dzanani has a business area where there are shops, including a hardware shop, tyre sales, driving schools, brick making, petrol station, motor mechanics and a confectionery school. It also has a resort called Mphephu Holiday Resort" (Dzanani Civic Association).

### **3.10 ECONOMIC LIFE OF THE COMMUNITY**

"People in this area farmed to make a living. They ploughed vegetables and fruit trees. Some kept cattle and goats for selling. Others worked far from their families in cities such as Johannesburg and Pretoria.

Dzanani has an increasing population. It is characterised by skilled, semi-skilled and unskilled individuals. Most of these individuals work either in government employment, community projects or in other provinces. The economic sources of employment is mainly outsource from informal initiatives in the form of self help and employment activities. Poverty and unemployment rates are very high, and are the contributory factors to other problems, such as crime, parents losing control over children, gangsterism and teenage pregnancies" (Dzanani Civic Association).

### **3.11 TRADE UNIONS**

They further indicated that, workers belong to various trade unions, such as SADTU, NEHAWU and POPCRU to name a few (Dzanani Civic Associations).

### **3.12 HOUSING**

However, the following are also some of the issues mentioned during The interview with the Chairperson and Secretary of Dzanani Civic Association i.e. "housing at Dzanani area comprises of traditional thatched rondavels and two or more roomed houses with zinc roofing. Some of these houses are mud bricks built, while some are built with cement bricks. *There are also RDP houses.* All houses have outside pit toilets with only a few using the water-bore pit sewerage system. Most of the thatched houses are at risk because they catch fire easily and requires renewal on a regular basis".

"There is a huge rate of overcrowding in Dzanani. Most people are desperately in need of land to build houses. Between the period of 1999-2000, storms and heavy rains destroyed many houses and roads and those built in damp areas collapsed. As a result, some of the Dzanani residents also lost their orchard/ploughing fields. Subsequently, donations were requested from international organisations in order to improve the living conditions, which were experienced by the victims of floods and heavy storms in the area"(Dzanani Civic Association).

### **3.13 Boarding Lodge (Hostel)**

"Dzanani has one boarding house (Mphephu Holiday Resort), which was previously owned by Venda Development Co-operation (VDC). The Protea Garden Hotel Company currently owns it.

Each room has two beds, thus accommodating 24 people. Mainly truck drivers and tourists use this lodge/resort. The tariff is R100 per night, excluding food"(Dzanani Civic Association).

### **3.14 SCHOOL EDUCATION**

**Interviews with School and Principals of Dzanani community are as follows:**

"The area has a number of crèches, pre-schools, primary school and secondary high schools. The funding to build these schools comes from the government, local businesses and other donations from the community" (School and Principals of Dzanani community).

### **3.15 Basic and Adult Education Programmes**

"There are two adult programmes at Dzanani area. The aim of the programme is to give adults an opportunity to learn literacy and numeracy and also to create the opportunity for them to complete matric or to improve their matric symbols"(School and Principals of Dzanani community).

### **3.16 Tertiary Institutions**

"There are no tertiary institutions locally except for the Makhado College of Education and the Mavhoi Technical College situated approximately 10km away from the area. Other tertiary institutions are found in the district of Thohoyandou, which is quite far from Dzanani.

Some students prefer studying through the University of South Africa, Pretoria, and other technikons, technical colleges and universities" (Tshishonga, 1996:15-17)

### **3.17 RECREATIONAL AND SPORTS FACILITIES**

#### **3.17.1 Public facilities**

"There are poorly equipped mini libraries with few books in secondary schools. The Development Forum has a plan to build a library and community centre in the future.

There are no public sports fields or swimming pools except private pools owned by individuals within Siloam hospitals and the Mphephu Protea Garden Holiday Resort which the community does not have access to, unless if they have money. Due to the absence of pools, children swim in stagnant water and streams. As a result, they suffer from bilharzia, and occasionally drown.

There are few playgrounds and entertainment facilities. Most of the facilities available, however, are not accessible to other community members such as old people"(Tshishonga, 1996:15-17).

### **3.18. INFRASTRUCTURE**

"The majority of residents use electricity for cooking, lights audio-visual systems, et cetera. A minority still depend on wood, gas and paraffin for cooking, candles for lights. Most households have water taps, and pay for water at the end of the month. Those without taps at home fetch water from communal taps"(Tshishonga, 1996:20).

#### **3.18.1 TRANSPORT INFRASTRUCTURE**

"Residents depend on taxis, buses and private motor vehicles as their form of transport. However, the most accessible and available forms of transport are taxis. There are no trains or railway line in the area"(Tshishonga, 1996:20).

### **3.19 CRIME MANAGEMENT**

In short, the following issues were mentioned during the interviews with the committee of Dzanani Policing Forum, which are as follows "the relationship between the police and the community has improved, as there is co-operation in crime prevention.

However, there is a need for a series of workshops to educate people on methods of combating crime and to be crime-conscious. Crimes usually committed include rape, culpable homicide, assault, armed robbery, theft and house breaking. Police effectiveness has increased since the formation of the community-policing forum in 1994" (Committee of Dzanani Policing Forum).



### **3.20 RELIGIOUS ACTIVITIES**

It was said that,"Most members of the community are christians. However, there are churches in the area, although only few have buildings of their own. The most powerful and dominant church is the Zion Christian Church, followed by the Apostolic Faith Mission church. Other churches include International Pentecostal church, Lutheran and other Zion churches.

Churches at Dzanani play an active role in providing accommodation for the creche/pre-school, community meetings, workshops, fundraising, youth and burial society meetings. They provide material, emotional and spiritual support to the entire community"(Dzanani Churches and Ministers).

### **3.21 HEALTH**

"There is one secondary hospital known as Siloam hospital. Siloam hospital has a mobile clinic, which is mainly for vaccination. There are also Community Health Centres in the neighboring communities, which assist people with HIV/AIDS treatment and family planning. The most common diseases are TB, asthma, malnutrition, measles, mumps, whooping cough, tetanus, malaria, hypertension, diabetes, poliomyelitis, smallpox and gastroenteritis. There are also private practitioners in the area"(Interview with Assistance Nurses from Siloam Hospital and some documents from the committee).

### **3.22 WELFARE SERVICES**

"The department of welfare is found at the Siloam hospital premises. It is reasonably accessible to the neighbouring communities. Services offered include: pensions and disability grants, counseling, advice on community development projects. There is no NGO operating in the area"(Tshishonga, 1996:24).

### **3.23 GOVERNMENTAL STRUCTURES**

There are governmental structures operating in the area, namely Health and Welfare, Education, Safety and Security, Agriculture and Forestry.

### **3.24 COMMUNICATION**

"The majority of Dzanani neighbourhoods prefer listening to their local SABC Radio station called Phalaphala FM which broadcasts in the Tshivenda language. However, youth preferred to use the local press called 'Mirror' because they do not have access to Internet and DSTV channels. The most common communication system is television, radio and newspaper. There is a post office and a Telkom office in the area"(Tshishonga, 1996:25).

### **3.25 PROVISION FOR SPECIAL GROUPS**

#### **3.26 The Mphephu Society for the Elderly**

The Mphephu Society for the Elderly was founded in 1996. Its general purpose is to promote the interest of the aged in Dzanani Village.

The Society:

- "Trains caregivers to provide home care to the aged;
- Provides nursing care to the aged in their houses;
- Raises community awareness members with the skills to support older persons.
- Equips community members with the skills to support older persons"(Help Age South Africa, 2001:2).

In an interview with the Chairperson, Secretary and Vice Secretary of the Mphephu Society for the Elderly

they said that " the Society also encourages sewing to make clothes and to provide articles that can be sold to tourists. Social activities and outings are organised from time to time.

The Society is currently engaged in five programmes:

1. Capacity Building: Health Education Organisational Development
2. Income generating programme:
3. Bread for thy Neighbour: Poverty Alleviation

#### 4. Social and Recreational activities

5. Advocacy and lobbying: Rights of older persons " (Interview with the Chairperson, Secretary and Vice Secretary of the Mphephu Society for the elderly)

"The Society could possibly be of service to the 853 pensioners resident in the 6 neighbourhoods that constitute the village of Dzanani, in Limpopo province, viz. Ha-Makatu, Ha-Mandiwana, Sendedza, Ha-Mphaila, Vhutuwangadzebu and Dzanani or HA-Mphephu. Members join voluntary and pay a R5.00 joining fee.

Recently, 12 houses, which were build as accommodation for the nurses by the previous government was given to the Mphephu Society for the Elderly by the Limpopo-Vhembe regional government. Six of these houses are currently used by the Mphephu Society for the Elderly and the social workers for counseling. There is also an emergency house provided for the abused and traumatised old aged individuals on a temporary basis. The civic association and tribal authority manage the remaining six houses for destitute people"(Interview with the Chairperson, Secretary and Vice Secretary of the Mphephu Society for the Elderly).

The following chapter outlines the research methodology followed in the study.

## **4. CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY**

### **4.1 INTRODUCTION**

The primary purpose of this chapter is to provide the reader with an overview of the research design as well as the research techniques, which were utilized in this research. Since the study is mainly qualitative and descriptive in nature, research methods such as focus group, structured and semi-structured (face to face) interviews, observation and informal interaction through community structures have been utilised.

### **4.2 USE OF THE STUDY**

This research could play an important role in terms of empowering members of CBOs such as the Mphephu Society for the Elderly in providing quality services to the elderly people. The NGOs need to speak with one voice about the rights and needs of the elderly people and strive to ensure a quality of life that is free from poverty, abuse, neglect and injustice. The study could also be used as a pointer for further research in the same area.

### **4.3 RESEARCH APPROACH**

It was an exploratory-descriptive study through which, the researcher was able to assess the needs, problems and services of the old age pensioners in the six villages of Dzanani, in the Limpopo Province. The research consisted of both secondary and primary data sources in the form of official documentation as well as interviewing the responsible community and governmental officials.

By utilising qualitative research techniques, the researcher was able to be a participant observer in the natural setting that is being investigated. The whole process included the researcher getting an insider perspective of issues affecting the elderly people.

### **4.4 SAMPLE DESIGN AND SAMPLING METHODS**

#### **4.4.1 Target Population**

The target population to be studied in this research was the elderly people (ranging from 60 years and above) of Dzanani. In total the elderly people of this community (i.e. six villages constituting Dzanani) was 853 at the time of the research.

The table below, cited in the Census 96: Community Profile-Descriptive report, reflects the total number of the elderly people (pensioners) who are currently living in the 6 different villages that constitute the community of Dzanani, in Limpopo Province.

**Table 3: The Elderly Population of the Dzanani Community**

Village name	Number of Elderly People
Mphephu	61
Ha-Makatu	85
Ha-Mphaila	44
Ha-Mandiwana	274
Vhutuwangadzebu	160
Sendedza	229
TOTAL	853

**Source: Census 1996**

#### 4.4.2 Sample

The sample studied in this research was made up of 24 elderly individuals, twelve of whom were interviewed on an individual basis and 12 were divided equally into 3 focus groups. The twelve persons interviewed were made up of two people from each of the six Dzanani villages. Similarly the 12 interviewed in the focus groups were also made up of two people from each of the six Dzanani villages. The method used for the selection of the sample was random sampling. Of the 12 interviewed on an individual basis 5 were males and 7 females. Six of those interviewed in focus groups were males and the other six females.

The researcher acknowledges that a sample of 24 from a target population of 853 raises serious questions about representation but would like to highlight the following:

- Time constraints did not allow the researcher to have a sample larger than this;
- An attempt was made to make it as representative as possible by spreading the members both men and women, across all six villages and not concentrating on only one village which has a higher elderly population such as Ha-Mandiwana, with 274 elderly persons. This would have distorted the research findings greatly.

It is important to note that the sampling method used was random sampling where the researcher simply asked members of the Dzanani community for households, which had senior citizens and he was pointed to the right direction. The participants in this research were in no way related to the researcher nor had they ever met till the point of the interviews.



The table below describes the sample composition in terms of race, gender, age, type of grant received and the village where each person lives.

**Table 4: Composition of the sample**

Race	Gender	Age	Grant	Village
Black	Female	70	Old Age Pension Grant	Ha-Mphaila
Black	Female	75	Old Age Pension Grant	Ha-Mphaila
Black	Female	68	Old Age Pension Grant	Sendedza
Black	Female	67	Old Age Pension Grant	Ha-Makatu
Black	Female	68	Old Age Pension Grant	Ha-Mandiwana
Black	Female	80	Old Age Pension Grant	Vhutuwangadzebu
Black	Female	69	Old Age Pension Grant	Mphephu
Black	Male	77	Old Age Pension Grant	Mphephu
Black	Male	70	Old Age Pension Grant	Sendedza
Black	Male	78	Old Age Pension Grant	Ha-Makatu
Black	Male	79	Old Age Pension Grant	Vhutuwangadzebu
Black	Male	77	Old age Pension grant	Ha-Mandiwana

In addition to all the above, the researcher interviewed the following as an information gathering exercise:

- 2 senior social workers,
- 2 nurses, based at the provincial Department of Welfare and Health,
- The secretary and the chairperson of the Dzanani Civic Association and
- 3 members of the Mphephu Society for the Elderly being the chairperson, secretary and vice-secretary.

It is important to note that those interviewed for information purposes were not part of the original sample nor were they elderly. The researcher decided to interview them in order to gather additional information pertaining to the needs and problems faced by the elderly people in the 6 villages of Dzanani.

## **4.5 DATA COLLECTION METHODS**

### **4.5.1 Semi-structured (individual) interviews**

Semi-structured individual interviews were used in order to identify needs, problems and services of the elderly people at pay-points. Interview schedules were prepared well in advance and tested during a pilot study conducted in Cape Town whilst preparing the research proposal. The interview schedule was corrected accordingly after the pilot study for final use. The language used in these interviews was Venda, which is the spoken language in Dzanani.

This was not much of a challenge to the researcher since it is also his first language. The individual interviews were very useful, since the researcher could probe for further clarity on issues.

#### **4.5.2 Focus group**

Focus groups were used to confirm whether issues and/or concerns raised by those interviewed individually, were experienced by other elderly people as well. Therefore, individual interviews shaped or informed questions asked in the focus groups. It was also thought to be a great method in that some participants could have been threatened by the researcher had they been interviewed individually whereas focus groups took away the threat, thus contributing towards the participant's openness and willingness to share information.

Focus groups were easy to organize because the elderly of Dzanani often meet at the local clinic every Wednesday, which has been set aside for health check ups for the elderly. These were the days on which the researcher conducted the focus group sessions.

Focus groups as a research technique were also used so as to get insightful picture of the issues under discussion. In essence, the technique ended up affording both the researcher and the respondents the opportunity to together, reflect, in a forum they seldom have, on issues that are of concern to them as senior citizens.

#### **4.5.3 Information gathering equipment used**

Pens, writing pad and tape recorder were used for data recording whilst conducting all individual interviews as well as focus group sessions.

#### **4.6 METHOD OF ANALYSING DATA**

Since the research is mainly qualitative in nature, descriptive method of analysis was used in order for the researcher to have a comprehensive picture of the issues, problems, and challenges faced by elderly people in Dzanani.

Statistical data was used in terms of the number of the elderly people selected as a sample for this research. All the recorded information was later transformed into a written transcript; patterns and commonalities in their responses were used as indicators, which helped in giving a general feeling among respondents.

In addition, the information gathered was also analysed and interpreted in the form of a summary and quotations, and information was categorised and statistical information was arranged in the form of tables and used in support of various arguments.

## 5. CHAPTER 5: PRESENTATION AND DISCUSSIONS OF FINDINGS

### 5.1 INTRODUCTION

Presented in this chapter are the findings and discussions of the conducted research. The presentation of findings follows the following structure:

- **Face to face interview findings:** this section reports on findings of the face-to-face interviews conducted.
- **Focus group sessions' findings:** this section reports on findings of the focus group sessions conducted
- **Findings from key informants:** this section reports on findings from the additional interviews conducted with key informants.

### 5.2 FACE TO FACE INTERVIEW FINDINGS

In the interviews conducted a number of commonalities in terms of areas of concern were highlighted and they are categorised issues around:

- Old age pensioners as breadwinners;
- Pay points;
- Health services;
- The provision of housing;
- Clothing needs;
- Leisure; and
- Mphephu Society for the Elderly.

### **5.2.1 Old age pensioners as breadwinners**

The majority of those interviewed (being 9) stated that they are sole breadwinners in their families as there is completely no other person working in the family. Whilst the other 3 stated that even though there is someone working as far away as Pretoria or Johannesburg, that brings no relief because these people are not offering any financial support, hence they too are breadwinners.

In some cases old age pensioners (as breadwinners) have to take care of as many as 4 grandchildren or other unemployed family members and state that they are not coping financially as a result. For example, one of the pensioners had this to say, "I am currently facing poverty because I am the one who look after my grandchildren and also pay their school fees with that little pension that I receive from the department of health and welfare"

One of those interviewed recommended that an increase amounting to R1000 or R1 500 should be considered by the present ANC-led government if they want to meet the daily needs of the elderly people. This is also supported by Brearley (1977: 50) by saying that "most older people need financial and material security in order to be able to achieve emotional security". Dubazana (as cited in Ferreira et.al. 1989) also confirms this when highlighting that the economic survival of the elderly people is a cause of concern. Owing to their financial status most are unable to satisfy their basic needs such as food and adequate housing.

### 5.2.2 Views on pay-points

The major concern from all the 12 respondents was poor infrastructure at pay-points such as:

- No shelter;
- No drinking water;
- No chairs;
- No toilets;
- No Nurse; and
- Dedicated pay venue.

One of them, a male respondent lamentably pointed out that “sometimes during the day of pay out, I used to go to the nearest family relatives and asked them to assist me with water to drink or even an umbrella due to the lack of basic needs at our pay points”. For example, a female interviewee of Ha-Mphaila neighborhood had this to say, “ we use the Mphaila tuck shop as our pay-point and the owner of that tuck shop sometimes complains about us saying that, he cannot manage to run his business because we are always disturbing him during the day of the pension pay out”.

Still on the issue of pay-points, long queues were also mentioned as another issue of concern. All respondents complained about the long queues at pay-points for example, one of them said "long queues are not good for us because we are old and often sick and can easily collapse in queues". The Ministerial Committee (2001, Volume I: 6) also highlighted the very same point by saying that most pensioners still queue for long hours every month without water or toilets.

In addition to the above concerns raised by pensioners, those interviewed also mentioned the issue of inhumane treatment from officials. For example, the situation was emphasised by the following statement made by a female interviewee at Ha-Makatu:

"I must say, I do not like the way services are rendered at our pay-point during the day of pension pay out, because sometimes pay officials rob us where you may find that your money is not exactly R700. And when I lodged a complaint, this is what I was told by one of the pay officials in her own words, you stupid lady, I gave you all the money you are supposed to receive, you must never talk to me like that and ask me some stupid questions because I am not a computer and what you can do is just say thanks at least today I received my grant, that's it. She was talking to me with harsh words". Also, it was said that officials are never punctual on payday.



This is not surprising since as indicated in the literature review, the Ministerial Committee (2001, Volume I: 6) states “the loudest cry to reach the Committee concerned the treatment pensioners received at pension pay points”.

Another issue raised by the respondents was the termination of pay without explanation. For example, one pensioner complained during the interview: “on several occasions the pay officials used to suspend our pension grant without explanation. I remember last year in 2001, I spent more than 8 months without getting my pension. However, after suspension of my pension, I complained to pay officials, the tribal council and the Mphephu Society for the Elderly, I was told that I am going to get both amounts next month. And till today I have not received even a cent. That is why I am not happy with the way officials are working with us”.

This is further aggravated by the non-payment of arrears, and hence, there was no proper and sound explanation given. The Ministerial Committee (2001, Volume II: 30) also pointed to a similar kind of situation which was experienced during 1999, in the area called Uitenhage, where most pensioners had their pensions suspended without notice or explanation, then waited for months to have it restored and were not paid the arrears caused/due to the poor delivery of services by officials.

The lack of volunteer workers at pension payout points, and even within families were also mentioned by most of the pensioners as a common problem facing the pensioners of Dzanani community. Out of 12 interviewees, only 3 interviewees from Vhutuwangadzebu, Mphaila, and Mphephu neighborhoods indicated the need for volunteers to look after elderly people at pay points especially those who are disabled and unable to walk or stand for a long time.

As the South African Council for the Aged (2002:2) also notes "volunteer workers are needed as security to help people at pension payout points, old institutions and even within families. Further, it has shown that volunteers can be of great help at pension pay-points, helping their peers with reading. Since some of the pensioners are illiterate and easily exploited and abused."

In addition, security and safety at pay-points was also mentioned as a matter of grave concern to them (pensioners) and that money lenders are active at pay points, e.g. take IDs and also harass pensioners. For instance " a case was reported to the police by a male interviewee of Ha-Makatu neighbourhoods after he was robbed of an amount of R200 cash by the people who allegedly claimed to be professional doctors during the day of pay out at Ha-Makatu tuck shop or pay-point.

In addition to that, another case was reported by a male interviewee from Ha-Mandiwana neighbourhoods, who was robbed his pension grant after he joined the Luvuvhu burial society. The researcher was told that, since the two pensioners reported the matter to the police, till today the community, police or the department of health and welfare has done nothing". One of those interviewed recommended the ANC-led government to improve protection of the elderly people at pay-point.

This is not surprising since as indicated in the literature review, the Ministerial Committee (2001, Volume II: 38) has also highlighted this by citing that at Barkley West pay-point in Kimberly, it transpired that there was insufficient security from pensioners committee. This situation could have been remedied by the assistance of the volunteers. This statement also confirms an area of concern raised earlier, being that of poor or inhuman treatment of the elderly by officials.

### **5.2.3 Medical facilities**

Illnesses and other health related complications such as abdominal pains, arthritis, high blood pressure, sugar diabetes, cataract and kidneys problems were reported by those interviewed as the most common illnesses suffered by elderly people. In fact some of those pensioners interviewed were suffering from some of these illnesses.

In support of this Dubazana (1985) and Nzimande (1985) as cited in Ferreira, et al (1989) reveal that, in the rural areas the elderly are faced with a variety of health and nutritional problems, most of which are related to poverty. As cited in Ferreira et al (1989), due to poverty and underdevelopment, elderly persons also suffer from chronic diseases, such as loss of sight and hearing, and neuromuscular diseases that impair. For example, pellagra is shown as common among the elderly in the rural areas because they have to survive on a staple diet of maize---they cannot afford a regular supply of proteins and other nutritious food.

The respondents highlighted medical care costs as an area of concern. The researcher also found that, 8 interviewees out of 12 preferred to go to the local clinics and hospital because they do not have to pay some extra cash for public transport which they said is too expensive for them as pensioners. In fact, the majority of pensioners told the researcher that they could not afford to go to the private doctors because their services are too expensive for them as pensioners.

One of the pensioners from Mphephu neighbourhood said:

*"Once more, last year I was admitted to Messina private hospital. I must say I really enjoy their services because, I spend only one week. And the professional doctors gave me free treatment because they said that I am a pensioner I do not have to pay. I think their services is good because it is a private hospital. And*

*most of the patients are white people. The doctors were always nice to us because they checked us twice everyday. And I was also eating decent food that is why I am saying that their services was excellent and even their nurses were not rude to me, ".*

The researcher observed that the majority of pensioners would like to get treatment from private doctors. The problem is that the pension is not enough to cover medical treatment or any examination by private doctors.

Brearley (1977) argues that there is a clear relationship between adequate income and good health. Unfortunately, in the case of our pensioners their old age pension does not allow them to access better health care as well as the nutritions that complement health.

The researcher also found that 9 respondents out of 12 are currently getting free medical treatment from local Dzata clinics and Siloam hospital.

These 9 interviewees also indicated that, they like the service which is offered to them because it is free for them as pensioners. However, the 9 interviewees complained about the shortage of medicines, vaccine for flu, especially in winter, and the attitudes of nurses towards them during the day at clinics or hospitals.

As highlighted in the literature review, Ferreira (1989) states that some older people deny the existence of symptoms and fail to go to the doctors/nurses

because of their anxieties. This is confirmed by one of the respondents who said, "I am scared of hospitals, many people fell ill, went to the hospital and never came back." Others confuse disease process with stereotypes of elements of the ageing process, feeling that they are not ill, only growing.

**Transportation costs to medical facilities** was also a concern to the interviewed pensioners. For example, one of the pensioners said that "I would like to go to hospital but do not have transport." The majority of pensioners also suggested that the government should provide transport for the elderly people particularly those who are disabled and sick so that they can be able to go to the nearest hospital, clinics or shopping complex where many facilities are situated.

Gravel (1988: 103) supports this by stating that transport is a perennial problem for all out-patient services, but especially for those, like speech therapy, which are considered non-priority. She finds out that elderly patients may be frail, and are often too exhausted, anxious or disoriented when they arrive at the clinic to be able to benefit from treatment. However, she also reveals that, there are also those who are unable to travel to hospital, and who have often 'slipped the net' in terms of speech therapy provision.

#### **5.2.4 Views regarding housing**

Of the 12 interviewed, the pensioners live in shacks, mud houses and in some case one roomed cement brick houses. There are 3 fortunate members who reported that they were lucky to get Reconstruction and Development Programme (RDP) houses (houses provided by government). However, the majority still has not qualified for RDP due to unclear reasons.

In short, the majority of pensioners indicated that, they do not understand the system, which is used by the tribal council and civic organisations when awarding the RDP houses. There were complaints about the quality of RDP houses themselves. Four out of 12 interviewees also complained about the poor quality of the RDP houses, which were build for them by the Limpopo government. They said that:

"It is difficult for us to use those RDP houses because there is no electricity and the houses are too small to accommodate our families. We were also asked to pay for those houses by some members from the local civic associations although we were told that RDP houses are for free especially those who are poor and disadvantaged".

In addition to the housing problems is the issue of "Old age homes". The researcher also found that, all 12 interviewees from the six different villages that constitute the community of Dzanani (pensioners) are scared of old age homes because they were concerned about issues such as:

- Abuse of the Elderly;
- Expensive;
- Demanding;
- Prison-like;
- Stressful.

The Ministerial Committee (2001, Volume II: 11) also indicated that "in Orange Farm for the Aged: a report was received by the Committee on conditions at a home whereby the fourteen elderly people are housed in containers. On the other hand, it was also reported that the Soweto Home for the Aged, is not functioning well due to management problems and as a result, the elderly people are not attracted to such a home".



The above-mentioned cases are a clear demonstration that due to fear and concerns around old age homes, housing for the elderly is most likely to remain an issue for a while.

Brearley (1977:8) indicated that it is vital that older people in institutions are given the opportunity to regain self-esteem and to rebuild their self-concept. And one way of helping them to do this will be the simple recognition, by staff, of their right and of their difference from other residents"

However, all 12 respondents, although not in favour of old age homes, suggested that the government should build old age homes near shopping complex in order to accommodate those elderly who are disabled and those who are destitute and really desperate due to their family problems e.g. abuse, rape and neglect.

#### **5.2.5 Views regarding clothing**

Clothing has always been regarded as one of the pressing needs of older people but it has only recently become an area of serious scientific research among the social scientists and home economists (Hoffman, 1970:1). This is also evident from the findings of this research, which indicate that the majority of pensioners complain about their clothes, which seem to be old.

This is because they cannot afford to buy new and warm clothes especially for the winter. Others complained that, no one in their families buy clothes for them

and they cannot afford to buy even cheap blankets since the current pension is too little to meet their daily needs and they only rely on the monthly pension for survival.

Chinkanda (in Ferreira 1989) also reported that among the very low-income groups, there is practically no expenditure for clothing at all and that these groups depend on used clothing given to the elderly people by individuals and community groups.

#### **5.2.6 Views regarding leisure**

The researchers found that out of 12 interviewees, 8 interviewees indicated that they do have friends around the six villages that constitute the community of Dzanani. They also enjoy visiting their relatives when they have meetings for their burial societies or family clubs. All 12 respondents indicated that they preferred to go to the church services in their spare time especially in Easter holidays to avoid gossiping and unnecessary conflicts with their adjacent neighborhoods.

Rudd, (1967:31) indicates that "old people commonly find great help from their religious faith as the one enduring reality in a world of change." So it is clear from the above statement that although going to church might help as an alternative during their leisure time, it also serves a spiritual purpose. However, it is important to note that church is not costly.

Pensioners visiting local friends, also does not cost them anything. Filling leisure time is definitely not as cheap, but the elderly are coping.

#### **5.2.7 Views regarding the Mphephu Society for the Elderly**

Literature such as the Ministerial Committee (2001, Volume I : 7) shows that most clubs for the elderly in the disadvantaged areas are run by volunteers and have no professional staff. Again, it is difficult for them to draft business plans (many members cannot read and write). This is also evident from the findings of this research, which indicate that the majority of pensioners do not participate in activities offered by civics and the Mphephu Society for the Aged. The reason being that they are never informed about different activities and services rendered by such structures.

For example, one of them, a female pensioner from Ha-Mphaila neighbourhood had this to say:

"I know nothing about the services rendered by the Mphephu Society for the elderly. I heard my grandchildren talking about the services which are currently run the civic associations which I still believe that this civic associations are for the youth, not for me as a pensioner. That is why I never bothered to participate in any organizations such as Mphephu Society for the Elderly or Mphaila Civic Associations because I know nothing about them.

"However, I only participate in meetings held by our local traditional chiefs or "Vhakoma '(Headmen). Simply, because they always informed us about the day of our pay out or about any issues/problems related to the old age pension such as the increment of the grant".

8 out of 12 interviewees have heard about the Mphephu Society for the Elderly after many pensioners complained about the suspension of their pension for a period of 8 months in the year 2000.

Only 2 respondents of Mphephu neighbourhoods indicated that they are currently registered as the members of the Mphephu Society for the Elderly and they also enjoyed the services offered by the Mphephu Society for the Elderly. They also indicated that, some of the pensioners are interested in joining the Mphephu Society for the Elderly but they lack information about the services rendered by the Mphephu Society for the Elderly.

An advice, more applicable in the case of the Mphephu Society for the Elderly, is one by Warnes (1989:3) which states that "community care services should be strengthened, including those provided by the voluntary sector such as clubs/societies for the aged in order to support elderly people living in their own respective homes".

The researcher also found that the majority of the pensioners are currently registered members of two community based burial societies commonly known as Talifhani and Langanani Burial societies that are currently operating to help the residents in all six villages that constitute the community of Dzanani, in Limpopo province.

The above-mentioned burial societies are responsible for funeral plans and normally has the following benefits in the case of a household member's death:

- Coffin,
- Groceries, and
- Blankets for the funeral.

Unfortunately, most of the pensioners are either forced or enlisted to be members or part and parcel of burial societies by their family relatives. It is regarded as a norm that every pensioner who is staying in Dzanani community should be registered under a burial society in order to avoid complications if s/he passes away.

### **5.3 Findings of the focus group sessions**

Six focus groups were conducted. The discussions were guided by the information gathered during the pilot study as well as the in-depth interviews. The content of the discussion varied from group to group.

In summary, the findings from the focus group sessions revealed similar concerns to those highlighted in the individual face-to-face interviews such as:

- Pension grant being insufficient for all family expenses;
- Poor conditions at pay-points such as no venues, toilets and shade;
- Lack of emotional support through social workers
- Elderly abuse at home
- Health problems
- Lack of co-ordination between CBO's and the elderly people especially in relation to issues that involve every citizen of the Dzanani villages.

In addition to confirming the above, similar to those raised in individual interviews focus groups participants also emphasised that poor treatment of the elderly by officials is not only experienced at pay-points but also in hospitals and clinics. They really complained about the way the nurses talk to them and the fact that they are not given the care that they, as senior citizens, deserve.

This is no surprise since it has been already revealed by the Ministerial Committee (2001, Volume I: 43), that "in Limpopo province, health staff do not regard older patients as a priority. Most of them wait all day or are shuffled between the clinic, doctor and hospital. The attitude and behaviour of staff, especially nurses, leaves much to be desired. Some refer to older persons as 'witches', 'useless' or 'old crocks'. Sometimes older people are chased away and refused treatment".

Brearley (1977) long hinted on the importance of communication as a particular problem when dealing with the elderly and needs careful attention since the elderly are often very sensitive and vulnerable people. Brearley (1977) advises that "communication should also be a two way process of worker to resident and clear information services are an essential part of the relationship between worker and older person and his family" (Brearley, 1977:9).

The focus group participants also raised an issue, which none of those interviewed individually ever raised and that is one of witchcraft. They indicated that this issue is of major concern to them since elderly people living alone or without children seem particularly vulnerable to abuse and accusations of witchcraft. In one case an old lady was evicted by youth and barred from returning to her home because of threats and the police had also refused to

protect her. They say that they live in fear of the fact that they might be labeled a witch simply because they are old and frail.

In support of this, numerous studies including that of Mokone (1999:134), reveals that recently in the Limpopo province witch hunting and witch killings have become a concern for the suspects and their dependents or relatives, politicians and communities. Furthermore, research findings by Mokone (1999:134) show that the majority of the people labeled witches are the elderly and women.

Further, the majority of respondents also reported/complained about severe shortage of reliable information about the needs of the aged in the six villages of Dzanani. Therefore, Some pensioners particularly the members of the Mphephu Society for the Elderly suggests that they would like to see the following needs to be met within their organization which are as follows:

1. Building of Kitchen and Hall for meeting and Literacy/ABET classes.
2. Training of literacy tutors.
3. Stationery for literacy projects
4. Lobby government to provide more pension-pay-points with shelter, toilets, water and mobile clinic.
5. Pressure government to legislate Elderly Rights: to put elderly rights into law.
6. Stop elder abuse at clinics, pay-points, and hospitals and in the home.
7. Support partners to set-up Home-Based Care: financial support and capacity building.



8. Lobby government to fund Home-based Care as provided for in its new policies.(status of Older Persons Bill).
9. Exchange visits.
10. Provide training for volunteers in home-based care.
11. Lobbying social workers to assist and visit them regularly.
12. Use Network partners to do the training.
13. Lobby for a better Pension Fund for the elderly; and
14. How to ask for funds to enable them to visit some places e.g. Cape town, Nature Reserves

The respondents further suggested that the government must build a community hall for the elderly so that they can use it as their pay-point because they do not have shelter and chairs to relax on while they are waiting to receive their pensions. They also state that the current income is not enough to satisfy their needs because food is expensive. And they suggest that the current pension must be increased to R1000 so that they can afford to go to professional doctors and even to buy quality clothes, especially blankets and winter clothes.

They said old age homes must be built for those elderly who are living alone, widowed elderly including those who are currently abused and ill-treated by either their children, families and their grand children". They also complained that most services are situated in bigger centres. And suggesting that in deep rural areas older persons cannot access services.

There is common ground between the elderly who are interviewed individually and those who participated in the focus groups as to the needs and challenges they experience in the Dzanani community.

#### **5.4 OTHER FINDINGS:**

This section presents some of the findings from the government departments and Community Based Organisations e.g. civics, communities or society for the Aged.

##### **5.4.1 The Limpopo Provincial department of health and welfare**

The administration staff or governments officials from the Limpopo Provincial Department of Health and Welfare also told the researcher that many elderly people in their environment find themselves being charged with a lot of responsibilities. The department indicated that most of the elderly still do washing by themselves and most of them are breadwinners.

In 2001, a report was received by the Department of Health indicated that an 80 years old mother in one of the Limpopo villages was found working as a babysitter looking after 13 babies. They said that, this is a clear indication that, there is no retirement for her and also for other elderly people around that village.

They also said that, poverty and unemployment still affects many pensioners, e.g. HIV/AIDS orphans. The problem of water at home or pay-points is still another issue facing many pensioners around the Limpopo province. It was also hinted at by the senior citizens that they would like social clubs to develop programmes that are educationally oriented. For instance, when the department talks about social clubs, some of them are reluctant and refused to join. And they also proposed to be provided with a bag of maize meal before they could consider joining such clubs.

Today, "the service centres are based on a development approach and they are holistic". The department of health abolished the old system of old age homes, because its too expensive, however, there is only 2% who still live in old Age Homes. Finally, the government now was seeking a partnership with South Africa's elderly population and was as committed to taking care of them as in the past" (Interviews with the officials of the Limpopo provincial department of health and welfare).

#### **5.4.2 Health Services To the Elderly**

The Department of Health provides services to chronically ill older persons using the inter-grated approach. As from April 2002, mobile services will be visiting old age homes and community based centres to give health care services. Memos have been written to the different organizations regarding this matter.

#### **5.4.3 Dzanani civic associations/organisations**

Members of different civic organisations said that, “poverty and unemployment is a serious issue facing many pensioners due to the present old age pension which is not enough for the elderly people to meet their daily needs, e.g. medical treatment from private hospital, electricity bills ”. They said that, “most of the diseases such as high blood pressure, sugar diabetes, legs diseases/ lack of movement and lack of sight/vision seem to be common towards many pensioners around the village of Dzanani”.

Once more, the lack of co-ordination amongst the programmes that provide services e.g. competition which is initiated by NGO's and government. People are not working in collaboration with each other. And lack of poor infrastructure was also shown as a problem facing the Dzanani villages.

#### **5.4.4 Social workers and Nurses from Siloam hospital and Dzata Clinic**

**The following are the findings:**

They said that, “many elderly people in Dzanani village are currently facing substantial obstacles in accessing adequate health care services, e.g. disorganised and poor quality services also affected older people”.

One of the social workers indicated that most of the elderly people in Dzanani village need home-based care because they are unable to shop or do their laundry, unable to care for themselves, they also can't attend home management needs. Again, because of the lack of supportive family resources this seems to be a problem even in other communities.

"There are many misconceptions about the mental status of older persons. Most community-living with elderly have satisfactory to excellent levels of cognitive functioning". She said that, "only 9% of persons over age of 65 are seriously impaired with regard to thinking and remembering". She said, "most elders in this category are currently sufferers from sugar diabetes, legs problems or serious physical diseases that reduce oxygen flow to the brain". Furthermore, she said that, "among these are strokes or congestive heart failure. The mental status of many physically ill elders exemplifies that ageing and diseases are distinct bodily process". She said that, "today old does not necessarily mean ill, anymore than ill means old."

*"With regard to thinking, learning and remembering, older people with certain types of physical health problems are much more likely to be cognitively impaired than their counterparts".*

Furthermore, of the consequences, she suggests "social and human service agencies should intervene to assist the chronically ill and frail aged in a variety of

ways". The three areas that need to be addressed were mentioned. Firstly, that the health problems of the older segment of our society will continue to grow in number and scope. Secondly, that there will be a need for a major increase in hospital and long term care facilities and additional numbers and types of health providers to treat these problems.

Thirdly, communities will need to address the services that can best benefit the ailing elderly and their families who often are faced with informal caregivers activities. Finally, she said that "health problems of the elderly presently require health and human services provisions at various levels of expertise".

Now that researcher has heard the voices of the elderly in Dzanani and perused the relevant literature, what conclusions can be reached and what recommendations can be made?

## **6. CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS**

### **6.1 Introduction**

The main purpose of this chapter in this study is to outline the conclusions. The study will also make some reflective recommendations to be considered for public institutions, community based organisations and future researchers.

### **6.2 Conclusions**

#### **6.2.1 Overview of the study**

The primary purpose of this research was primarily to assess and evaluate the needs, services and problems that are faced by elderly in the six villages of Dzanani, in Limpopo province. The report compiled by Ministerial Committee on Abuse, Neglect and Ill-treatment of Older persons (2001) demonstrated that most of the problems experienced by elderly people arise from poverty. The report also indicated that homes of pensioners especially those who stay alone are targeted by criminals on pension day

The literature reviewed suggested that elderly people in South Africa, especially the poor and those living in rural areas, are crying out to government for help. And it is shown that poverty is a fundamental problem of the elderly. The economic survival of the elderly people plays a central role in this research.

This situation is further aggravated by the low financial status which render the elderly people unable to satisfy their basic needs such as food, shelter and adequate housing.

This goes to show that, today in South Africa, especially in the former homelands in deep rural areas, the delivery of services to the elderly remains fragmented, poorly managed and under-resourced.

Furthermore, key players such as social workers, nurses, and other government stakeholders also argued that, pensioners are making a contribution into the economy of the country because they are looking after their families, e.g. paying school fees for their children and grand children. On the other hand, the respondents from the 6 villages of Dzanani, in Limpopo province complained about the suspension of their pensions without explanation and the current income grant which is not good enough to meet their daily needs. This is true because in Dzanani like in most places in South Africa, a significant numbers of pensioners rely on their pensions for a living.

The following conclusions could be drawn from the study that (i) Social change has affected the coping patterns of the rural black elderly negatively; (ii) poverty is a fundamental problem of the elderly; (iii) psychological coping patterns of the sample leave much to be desired; (iv) rural elderly blacks have been neglected



as a result of urban bias in the provision of services, and (v) new forms of intervention in the care of the rural black elderly are required.

In a nutshell, poverty is the most serious problem facing the South African community. As we have seen, although the specific context of poverty definitions will vary between places and cities, the essential nature of poverty is universal. Poverty is about exclusion.

Again, it should be admitted that apartheid policies have failed, and failed desperately, to address poverty and its concomitant problems. If the truth were acknowledged, most of our national policies have in fact contributed most to the creation of poverty for the largest section of the population. Therefore, the elderly must be given the opportunity to be an important part of our society, have opportunity to make their own decisions and be involved in the initiatives that are geared towards their welfare.

The respondents would however be willing to participate in efforts to provide services for the aged if approached to do so. Willingness to help with the establishment of a service centre serves as an example here.

In as far as the accommodation for the aged is concerned, the respondents seem to accept and even welcome the idea of an old-age home.

It should be pointed out that an old-age home (in a rural or urban area) was the only mentioned alternative to living in a home (alone or with children).

The findings of this study suggest that the urban black family is not remaining ready to share the responsibility of caring for the aged and that provision should be made for the establishment of old-age homes and service centres in black residential areas.

#### **6.2.2 The needs of the elderly people**

Both the literature review and empirical findings have revealed that the elderly people are still faced and confronted with problems such as poor and lack of health and medical facilities, accommodation, insufficient pensions to cater for their basic needs, ill-treatment and abuse both at homes and in the community.

From the problems articulated above, it is explicit that the elderly are the people who are most neglected in terms of provision of basic necessities and found themselves at the receiving end of service delivery. The research has also found out that the following needs have to be prioritised:

- Shelter
- Healthy food
- Equal treatment (homes and community)

- Clothing
- Affordable transport

### **6.2.3 The services for the elderly people**

In order to address the above-mentioned needs, the study has identified required services to be:

- Affordable health facilities and treatment within their reach
- Preferred accommodation being the combination of old age homes and their families
- Active participation in programmes such as Mphephu Society for the Elderly
- Humane treatment both at home, pay points and public places such as clinics and hospitals

### **6.2.4 The problems faced by elderly people**

Problems faced by elderly people are enormous. Most of these problems have been associated or aggravated by poverty. The research has explicitly pointed out that some of the hardships endured by the elderly people are due to a lack of radical and strategic direction as far as policy is concerned.

**Economically**, elderly people receive an insufficient amount of money, which cannot afford to cater for their basic needs. Most of them are caught up in a

situation whereby the family responsibilities (breadwinners) are placed upon their shoulders, taking care of grandchildren and other family members.

**Socially**, due to a lack of recreational facilities through which the elderly people could socialise, entertain themselves and exchange views and experiences with other senior people. Often elderly people are left on their own with no one to look after them. Others are charged with the responsibility of taking care of their grandchildren while their parents are at work or school.

**III-treatment**, the study has discovered that elderly people, despite their help, are treated as non-human beings. The types of abuse range from physical, emotional to psychological. There have been a number of cases whereby the elderly people were physically beaten up by either their children or grandchildren. Or, abusive language became a normal way of talking, especially by government officials at pay points and in other public institutions.

## **6.3 KEY RECOMMENDATIONS**

### **6.3.1 To the Department of Health and Welfare - Limpopo Province**

- That human resource capacity, especially social security staff, be developed and enhanced to deal with the payments of pensions and grants.

- Establishment of an efficient administration system to communicate with the elderly people in advance of any inconvenience regarding the payment's time and schedules.
- That government should take as its responsibility to provide either permanent or temporary shelter for elderly on pay-day (especially when it is too hot or raining)
- Government officials to ensure that elderly people are protected from moneylenders and unaffiliated funeral policy cover.
- Department to take drastic measures against those who abuse the pensioner either verbally or physically.
- That an integrated policy be developed that will cater for the holistic needs of the elderly people (culturally, socially, economically and politically)

### **6.3.2 To the Mphephu Society of the Aged**

- To conduct a comprehensive survey regarding its role and impact on the lives of the elderly.
- To explore strategies on how to stimulate the interest of the elderly people towards their active involvement in the society's programmes and initiatives.
- To work collaboratively with government departments especially E.g. Health and Welfare and other community structure such as civics and development forums.

- To organise social and educational excursions whereby the elderly people could go out and see places.
- To mobilise volunteers who could give a hand, especially at the pay points and community old age homes.

### **6.3.3 To the family**

- To start treating the elderly people as normal human beings and stop treating them purely as financial sources.
- To have respect and care for the elderly people.
- To look after the elderly, especially when it comes to food, clean shelter and water, and for those who are on treatment or medicated to be fetched regularly.

### **6.3.4 To Social Service Professionals**

- To establish social networks and support systems for the aged.
- To enable the development of with coping mechanism and strategies for the aged who live alone.
- To organise alternative living arrangements for the frail aged.
- To identify and prioritise development needs and projects with the active involvement of the elderly.

### 6.3.5 For future research

- Fundamental values and ideologies on social service provision for the care of the black elderly in rural areas.
- The equitable distribution of resources to all elderly persons in South Africa, both urban and rural.
- The adjustment problems of the black elderly, particularly those living in rural areas.
- Poverty eradication strategies to help the black elderly.
- Urban bias in the provision of all services.

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University of Cape Town

## **APPENDIX A: Interview schedule-- (Individual session and Focus group session)**

### **Research Guideline**

Firstly, I am going to introduce myself, who I am, where I come from. And then all participants will be informed about the purpose of research and the research will not be done secretly. For instance, I will explain to them that, this research is for academic purpose and also trying to solve some of the current social problems that the elderly people of Dzanani village might be encounter in their different communities. As a result of that, the information, which I will be getting from them, will help to improve their living conditions and quality of their lives.

In doing this, I will explain clearly to them that, as a student I am not going to use name or any kind of information that will lead people to be able to identify the organisation or respondents. Because what I realised is that, pensioners are known to be suspicious to the point of paranoia about disclosing information regarding ‘ additional’ income which, if it came to the attention of welfare authorities, might result in the diminution or removal of their state pensions. I would be clear to them by explaining the reasons for me to interview them. I will also tell them that, they must feel comfortable and free to tell me everything they want to explain. Because no harm will be done to the participants being physical, emotional, and psychological or any kind of harm.

In short, The schedule interview will include questions on where the pensioner lived; who else lived in the household, together with their ages, relationship to the pensioner,

occupations, and whether or not they contributed in cash to the household income; specific items on which the previous month's pension had been expended, and who benefited from the expenditure; whether or not the previous month's pension was expenditure had been typical, and if not how and why; and a final question: 'if you stopped receiving your pension, who in addition to you would suffer, and in what way? Therefore, as a way forward I am also going to ask them if there are any other social problems facing the elderly people in Dzanani village, except those which I have already asked them at the above paragraphs. I will do this as a follow up and also to get some of their opinions/viewpoints based on the problems, which they are facing in their communities. Finally, CBO's, Government departments and other Stakeholders will be asked few questions for further information. I must say some of the questions will come out or developed while I am busy interviewing them.

#### **Face-to-face interview schedule.**

#### **Introduction**

I am David Mulaudzi. And am currently doing Msocsc in social development at the University of Cape Town in the department of Social Development. However, apart from my Masters course is to conduct a Research. As a result of this, I choose to do my research focusing on assessment of the needs, services and problem of the elderly people in the six villages of Dzanani, in Limpopo Province. Since I am interested to find out about the services rendered for the elderly people. I feel that it is important for me to find out about those services from the elderly people themselves as there are ones who experiences the services directly. That is why I am interested to ask the questions from you, as you are the Elderly.

In short, the main aim I am interested in doing this research is to find out the services that you receive as old people in your communities and the government at large. I am saying

this because, this research will also help to improve the living conditions of your lives and also try to combat current social problems that you are facing at this present moment.

### **PAY POINT**

1. Before I continue, I want to know who is in receipt of the old age grant? And where do you receive your pension grant?
2. If you receive your income grant at pay point? What kind of grant is that? Is it ATM/Banks, community churches, civics?
3. Do you really like getting your pension at pay point?
4. And how is the situation at the pay point?
5. Do you receive care in terms of getting water to drink while you were waiting for pension grant?
6. Are you well cared for and well treated?
7. And if you are not well treated who are those people who are not treating you well?
8. Are the officials, for example, Social workers, Community development, Health inspector?
9. The day of the pension how long do you wait to receive your grant?
10. What would you like the government/community to change at the pay point as far as care of the elderly people is concern?

### **FAMILY COMPOSITION**

Furthermore, I would like to find out about your family circumstances.

11. How many people live together in your home?



12. And who are the other people? For example, is it your grand children, your children or husband?

13. Who is the breadwinner in the family?

- Yourself
- Sister/brother
- Friend
- Other

14. If you are the breadwinner, is there any other source of income from other family members?

15. And if you are not the breadwinner, is there any source of income do you contribute?

- Old Age grant
- Disability grant
- Retrenchment Pension
- Other

16. Could you please tell me, how many family members depend on the income? Are there other people or family members who are working far from home like Johannesburg, Cape town, who come at home after some time?

17. Are those people who are working from far sending money at home?

18. Based on what you have mentioned, is there any support do you receive for instance Financial/Material, Emotional, Shelter/Accommodation, Welfare etc? Do you receive from government/the community?

19. You mentioned earlier on that, you are not well care or treated. And the services are poor for the elderly. Then my question is, are there other concerns you would like to share with me regarding the services rendered to the elderly?

20. What would you like to see the government changing or improving, the services that you receive at the pay points and at the community at large?

21. Is there any other organisation in the community that provides other services to you/your family other than the one mentioned above? If Yes, How effective are they? And what do you think should be done to make sure they meet your needs at the pay points and at the community at large?

## **HEALTH AND TRANSPORT**

22. Do you suffer from any health condition or disability? Or do you have any health problems?

-High blood pressure

-Diabetes

-Heart problems

-Other

23. As you are the Old people, where do you get health care services, e.g. at the community private hospitals, local clinics. How often do you receive the treatment for

those who have High blood pressure and sugar diabetes? Do you pay for the treatment or Do you get it free? If you pay your treatment, how much does it cost?

2.4. Before I proceed, I can see that you are using wheelchair to move around, how do you get there and what transport do you use. Which transport is accessible to you and how much does it cost you to get there?

25. Again, how do you go to the hospitals/ Pension pay points? Is it easy or accessible for you to go to the Hospital/local clinics and to the Pension pay points? Does it cost you any money and How much is it?

26. How do you find the services at the hospitals/local clinics? And are you well care for. Do you like the services that you get from the Hospitals or Local Clinics, Municipalities and Police services in terms of the security?

## **INCOME**

27. You mentioned earlier on that, you do have children who are working in Johannesburg and you depend on the income grant, which you said it is not good enough for you. Then my question is whether you receive any financial assistance from someone apart from your pension grant? And from whom and how much? What about those children of yours, who are currently working in Johannesburg, do they bother sending you some money so that you can look after yourself?

28. How often do you receive financial assistance and is it sufficient for you to provide for your daily needs?

29. Based on what you have mentioned about your financial difficulties/constraints, could you please tell me, if you stopped receiving your pension grant, who else is also affected by this problem and how you intend dealing with it?

## **HOUSING**

30. As you are the old people, what type of Housing do you live in?

31. Do you have accommodation of your own and if not could you please explain whose accommodation is it?

32. Have you applied for government housing and if so what was the outcome?

33. Would you prefer living in the government provided Old Age Home? If yes or no, explain why?

## **CLOTHING**

34. Do you have enough clothes? And who and where do you buy your clothes?

36. The clothes, which you have, are they warm enough to protect you from the cold?

## **LEISURE**

36. What do you do with your life when you are free?

37. Do you participate in any social activities? If yes what are those?

38. Do you have any friends around? How often do you visit your friends?

## **ORGANISATIONS FOR THE AGED**

**39.** Are you involved in the programmes and activities of Mphephu Society for the Aged?

If yes what kind of programmes or activities

**40.** Are you satisfied with the services or programmes? If No what kind of changes would you like to see happening in the Society?

**41.** Any other views you would like to share concerning the services, problems and needs provided or faced by the elderly in general?

**Government Departments + Community Based Organisations e.g. civics, communities/society for the Aged etc.**

- a) In your own view, how do you perceive the government system concerning the needs and services for the elderly?
- b) Is your Government department involved in supporting the elderly people in/at the grassroots level.
- c) What kind of strategic planning do you suggest would benefit the elderly people/
- d) What kind of assistance do you provide for the elderly as far as health is concern?
- e) Question for Nurses, Social workers, Municipalities and Police inspectors in terms of security E.G. what kind of services do you rendered for the Old people in your community or Departmental Organisations.

### **Focus group Interview Schedule**

- 1. Any other views you would like to share concerning the services you receive, the family circumstances?**

2. What are the social problems, which are faced by the elderly people in the community?
3. In your own view, how much do you perceive the government system concerning the needs and services for the elderly people?
4. Is your community/governmental department involved in supporting the elderly people at grassroots level?
5. Are there other strategies in place to address the current social problems facing the elderly people?
6. How could you describe the current attitudes/behaviours of youth towards the elderly people?
7. If you stopped receiving your pension, who in addition to you would suffer, and in what way?

#### **Personal Details/Demographic details?**

1. What is your present age?

[ ]

2. What is your gender?

Male [ ]      Female [ ]

3. Where do you presently live-----

4. How long have you been residing in this location?

Below/less than 5 years [ ]      11-15 [ ]

5 – 10 years [ ]      25 and above [ ]

5. Have you attended any school?

☐ Yes

☐ No

6. If 'yes' what was the highest standard passed?-----

If No, why, please explain

### **Research Topic**

An assessment of the needs, services and problems of the elderly people in the six villages of Dzanani, in Limpopo province.

### **Aims of the study**

- The primary purpose of the study is to assess/evaluate the needs, services and problems that are faced by elderly people at the six different sections/communities of Dzanani village, in Limpopo province.

### **Objectives of the study**

1. To conduct a service/needs survey in Dzanani in order to identify and assess the needs, services and problems faced by elderly/aged at the pension pay points.
2. To evaluate the impact of the identified needs and problems on the elderly people.
3. To establish the extent to which the Mphephu society for the Elderly meet the needs of the elderly in Dzanani.

## **APPENDIX B: THE GUGULETU PILOT STUDY REPORT**

The purpose of this report is to discuss the process which I have followed in my project- Interview schedules and data processing. It became clear to me that the interview schedule is the researchers most important tool. As a result, a plethora of literature has been consulted to ensure that I arrive at a well-informed conclusion. According to Weller (1998:367),..” The first phase of a project should be about gaining a broader understanding of the area of study [because) without general background knowledge, it’s impossible to know what questions are appropriate...you may use this to new interview materials or to check the appropriateness of existing materials”.

Since I was dealing with social problems which the elderly people in Guguletu/New cross section face. I must say it became clear that there was still a need to go and conduct pilot study test my face-to-face interview schedule and to collect some types/information dealing with ageing problems that the literature might have overlooked.

De vaus also indicated that “pre-testing should be conducted on the people who will resemble the types of people to whom the interview schedule will finally be given. In my project, I conducted a pilot study with 3 elderly people (2 female and 1 male). Since the ultimate aim of my study is to assess/evaluate needs, services and problems of the elderly people in Gugulethu/New Cross section.



To be specific, I conducted a pilot study in Guguletu/New Cross section on the date of 22 and 23 May 2002. The target group was the elderly people themselves. I firstly introduce myself, who I am, where I come from and what is the purpose of my research. After that, I realised that all the participants were free and started feeling comfortable while I was busy interviewing them. Each interview lasted for 20 to 30 minutes and I put the answers provided by informants into my list of standardised set of answers.

The reason for me to do this was to establish how to phrase each interview schedule, and to evaluate how respondents interpret the interviews meaning. And also to check whether the range of response alternatives is sufficient. Tape recorder and Notes (hand written) were used and transcribed shortly after the interview. For instance, Weller (1998:371), also indicated that, goal in recording responses is to be sure that you have captured the essence on underlying recording in the informant's own words, so that you can use specific statements, phrases, and quotations in the subsequent interviews.

## **PAY POINTS**

For instance, in the preliminary pilot work, I asked respondents about their experiences or ageing problems at the pay points and also in the community at large. For example, do you really like getting your pension at a pay point? And how is the situation at the pay point? I must say those elderly people in Guguletu/New Cross section are currently faced with lot of problems at their pay point/community. To justify my position, each of them

told me different perceptions/views about the conditions at their pay point/community.

For instance, I summarise each respondent's views/opinions in the following way:

#### **INTERVIEWEE 1**

I quote “ I am currently staying in Guguletu, but at our pay point there is no shelter, no chairs, no water to drink, no toilets, no social workers/nurses to care of us. She said that, what you can find is the ill-treatment by pay officials, lack of protection from money lenders who lied or robbing the elderly people everytime and indeed the distribution of services is very poor, she said”. However, “she also mentioned that, she is now getting her income grant to other section which is called Nyanga. Because she is sick and tired of the services rendered by pay officials and also by loan sharks. I then asked another question; from all problems that you have mentioned, what is the most important thing/concerns, which makes you to move from Gugulethu to Nyanga section?

She replied, I quote ‘ oh David, is because did not get my income grant for a period of 2 months and when I and starts lodging some others complaints, we were told by SANCO that, we must keep quite and co-operate like human beings other wise further steps will be taken against them. Because they (SANCO), claimed that they are dealing with the situation where as they are making it to be worse. She also indicated that, in Nyanga section those elderly people who are staying there are not facing the same situation, which is currently, faced by the elderly of Guguletu in terms of delivery of services/ income grants to the elderly people, she finally said that, in Guguletu it takes time for us

to get income grant that is why lot of elderly people from here in Guguletu have already move to get their pension grant in Nyanga.

## **INTERVIEWEE 2**

She said to me” she is still receiving her income grant in Guguletu, where she is currently staying. I quote, “ since I am suffering from heart complications and sugar diabetes. I can’t tell you more about the conditions at pay points. Because when I go to the pension pay point, I do not stand in queues due to my illness. I just go inside the hall and get my income grant and leave immediately. She also mentioned that pay officials are not rude to her and she enjoyed the services she is getting now from them. But she said to me she had never seen the nurses at pay point. But she has seen a few police inspectors. “

“She said that, she never joined money lenders because she heard about their services which is not good for the elderly people. She has her own burial society and she does not want another one from money lenders. She also indicated to me that, she can’t say anything about them concerning their services because she now nothing about them. What she said is that, she always saw people standing outside the hall in long queues. Finally, she said, she never experienced any problems concerning hawkers, because someone always escorted her during pension pay out”.

### INTERVIEWEE 3

He said, I quote” he is currently staying in Guguletu. But he has been receiving his income grant at Nyanga for more than 5 years. He mentioned the same thing /issues like what the first respondents said about the poor delivery of services at Nyanga pension pay point. He said, pay officials are always rude to him. Many pensioners raised this issue and are angry about it. He said that, he decided to move from Guguletu to the Nyanga section because at Gugulethu section, the delivery of services is worse compared to the services rendered in Nyanga which is better than in Guguletu.”

For example, “ he said to me, even today in Guguletu section there is high numbers of complaints about grant suspensions. This is the reason why I am getting my income grant in Nyanga, He said that, he was robbed once by the money lenders and he does not want to hear anything about Money lenders. He said, he has never seen nurses/doctors at the Nyanga pay point. But all he knew is that, there is a local clinic which is not far from the pay point and some of the elderly are used to be admitted there during pension pay out, especially in summer if is too hot because of standing in queues for long hours. Finally, he said that police inspectors are always there in big numbers. And he is glad because in the past most of the elderly people were being robbed by youth or hawkers.

In summary, what I observed about from 3 respondents is that, the delivery of services at their pension pay points in Guguletu/Nyanga sections are still poorly managed, racially divided, under resourced and remains fragmented. For instances, All respondents never

mentioned about the volunteer/social workers at their pension pay points or even ambulance for emergency, which clearly indicate that lot of work needs to be done by government and CBOs.

## **FAMILY COMPOSITION**

In this section, I found the following concerns/views from 3 respondents.

Furthermore, I also asked those elderly people several questions concerning their family conditions/circumstances.

### **INTERVIEWEE 4**

For example, one of them responded by saying this to me, I quote, “ I am staying with four children and I am also a breadwinner and there is no other source of income. Because I did not have other people who can support me financially or emotionally and in terms of welfare. I only depend on the income grant which is not good enough for me and for my other children and grandchildren who are still at school .I do not know who is going to assist me in terms of paying school fees for my grand children since his father was retrenched last year, she said “.

She continues to say to me, life is tough especially for me as a pensioner. I don't know what to do and where to go for help, because I am destitute and my life is so difficult to tell “. I asked her the following question, what do you think can be done to address your

current situation? She replied, I quote'' oh David, I am sick and tired of waiting for our government to respond to the needs of elderly people, because our government takes time to respond to the elderly needs and government keep on postponing and there are a lot of empty promises because they do not put us first and government does not practice what they preach''.

#### **INTERVIEWEE 5**

She said to me I quote " she is got 5 children and those children are staying with their families in eastern Cape. But she is now staying with her relatives in Guguletu due to some family problems between her and her children. And are also good family members in terms of care. She said that, she never got any support from each 5 children since she moved from Eastern Cape to Guguletu. They don't even come and see me she said in tears" she said that is why she is currently suffering from heart failure and other diseases" I never received any retirement or Disability grant she said. She said to me oh David, life is tough I quote" I started working when I was 12 years old due to poverty.

Again, she said she can't comment on the issue of CBO's, in terms of support for the elderly people in Guguletu section, because she is seriously ill and she can't participate in their activities due to illness. That is the reason why I can't comment on support issue which concerning me and the community I am living in. but she heard about the Gugulethu society for the Age."

## INTERVIEWEE 6

He said to me, I quote “ I am currently living with my wife. I have got 7 children and 7 grand children. However, 3 of them are still at school. He said that, these 3 children also depend on my income grant. And it is difficult to support those children because even other children, who are currently working in Eastern Cape and in Johannesburg, did not, helped him financially. He said that, he is surviving by income grant, which is still little for him to survive. He said he is now selling vegetables and fruits in the streets, in order to support those 3 children who are still at school. He said that, since his retirement from previous job, he never received any income or any support from someone else or even from CBO's, except the pension grant that he is currently getting from government”.

In summary, I think those 3 pensioners were experiencing the similar problems in terms of family circumstances. And I observe that, there is still a huge gap and poor delivery of services based on what they were told me about their family issues more especially in terms of who should and must provide the care for the elderly between their family and their CBO's/government. I also observe that based on all the problems they have said, income grant is still little and one must consider immediate action to deal with these issues based on what the 3 interviewee's have said.

## HEALTH PROBLEMS

Therefore, I also asked about the health conditions of those elderly people. The following are some of the findings, which I got from the 3 of them.

### 1. INTERVIEWEE

She said to me, she is currently suffering from High blood pressure, heart failure and Sugar Diabetes, which she also indicated that these disease are common even to some elderly people who are currently living in Guguletu/New Cross section. I remember when I asked one of them who is in seriously ill due to Heart failure, for example, the following questions arise, as you are old people, where do you get health services and how often do you receive the treatment? Do you get free and how do you go to Hospitals? To answer this, the following quotation gives what she said to me during interview:

“ She said oh David, the conditions at local clinics is not good enough. She said that nurses are rude and there is nothing you can do because your are ill and you are old person, you cannot argue or retaliate to them. She said that, last week on the 13 May 2002. A nurse from New cross Local clinic where she is staying and used to get medical treatment before she moved to Groot schuur Hospitals said to her, ‘you stupid granny, how can you forget to bring your medical card with you. You must never, and as a punishment, today I am not going to cure you, you must cure yourself or go back home because you make me to feel sick’”.



I then asked her another question, what did you do after that? She said to me, my child, it was hard but I leave immediately and I tell myself no more for me to go and get treatment at any local clinics. That is why I am getting my treatment at Groote Schuur Hospitals. Because the situation is there is much better than situation, at the local clinic. She said that although is too far and expensive to go to Groot Schuur Hospitals, I feel comfort with their services which they provide towards my disease/in terms of treatment.

She also said that, her grand children, is the only person who takes care for her. The other reasons which force her to move from Gugulethu local clinics is because of shortage of professional doctors, lack of medicine for elderly people e.g. vaccine for flu is difficult to get access to it. And there is no volunteer workers at clinics or social workers to go to for counselling, she said''. That is the reason why she decided to change getting treatment from Gugulethu clinics and to move to the Groote Schuur Hospitals.

Again, I remember when I asked two of the elderly people in New cross on the 23 May 2002, about the services which they receive at hospitals or at the community at large. The said this to me. I quote'' How do you go to Hospitals and Pension pay points? An old granny replied, its hard, David, oh its hard. '' Well what do you do? We don't '', someone replied, ''that is how we manage! '' I don't'' is a most accurate description of the older living in treatment. I don't entertain. I don't go out with friends, I don't eat in restaurants. I don't ride subways and buses. I don't by new clothes, I don't take care of my health like I should. I don't, I don't ''.

## **2. Interviewee**

She said that, “she is suffering from Diabetes and Epilepsy. She said, she obtains her medical treatment from the Guguletu local clinic. And the services are poor because there is always a shortage of doctors and medicine. She said, few of the nurses are good but there is one nurse who is always rude to her, when she go there for medical treatment. She is thinking of moving to the Red Cross clinic but she said that, Red Cross clinic is good in terms of services.

She was complaining about their medicine, which is too expensive for her, and she can't afford to go there daily. However, she said at Guguletu

Clinics she is now getting free medical clinics but the problem she explain to me is about attitude of nurses towards the elderly. And she said she deserve good treatment because she feel she is a human being she deserve good care /treatment form the nurses in Guguletu clinics, her community and other people whom she live with”.

## **3. Interviewee**

He said that, “ he is currently suffering from Diabetes and legs problems, in terms of moving around. He can't stand for more than 10 minutes. He said is also getting free medical treatment from Guguletu clinic due to financial constraints. But he is considering to moving and receiving his medical check ups in special doctors. However, he said the

problem with special doctors is money to go there because they are too expensive. But their services are good compared to the free services of Guguletu and are also good in treating elderly people. He said is difficult to move around sometimes and he needs more care from the CBO's and family members because he is old and seriously ill.

In summary, I realised that, the most important issue facing those 3 elderly people is the issue of lack of services in their clinics and poor treatment by nurses towards those elderly people. However, I observe that, those elderly people in Guguletu section are faced with a variety of health and nutritional problems, most of which are related to poverty and poor delivery of services which is not efficient enough. As a result of poverty some elderly people are malnourished, which increases their susceptibility to diseases and also compounds the severity of disorders. I must say, Dealing with these problems requires new approaches to social services.

## **TRANSPORT**

Finally, I also asked them questions related to transport if they want to go to their pay points/community and clinics etc.

## **1. Interviewee**

She said to me, “ she did not have a problems of transport when she want to go to the pay point/clinics. Because those premises are next to her residential home. However, she raised complaints about local public taxis drivers. She said they are rude towards older people and they do not respect them. She said the government or CBO’s must provide special transport for the elderly to move around. Because sometime it is difficult for her to go to the nearest clinic/pay point if she is ill. Local transport is also expensive for her to go around ”.

## **2. Interviewee**

She said that, “ she is always goes with someone to pay point /clinics. But she said that, buses are better than mini bus taxis if she is going to Hospitals like Groot Schuur or to some other pay points like in Nyanga section. She said that, local taxis are too expensive for her. But she suggests that the CBO’s or government must employ volunteer workers to assist older people like herself who are currently ill. She also said that, she is currently using wheelchair to move around but her grand children is the one who take care for her in terms of transport to go around in places like clinics and pay point.”

### 3. Interviewee

He said that, “ he prefer using taxis when he wants to receive his pension grant in Nyanga. Because buses takes time to come and collect people and he can’t afford to wait for more than 20 minutes at bus stops since he is suffering from legs problems and Sugar diabetes. But he said that, local taxis are too expensive to use and taxi drivers are always rude to him with no respect at all. He said sometimes his grand daughters escort him to pay point/local clinics especially if he can’t move around. He said government must provide special transport for elderly people in Guguletu and volunteer workers must be employed to assist or take care for the elderly people in townships like Guguletu. The reasons are because his relatives/other family members are sometimes ill-treated him if he asked them to escort him to the pay point or clinics. Finally, he said is difficult for him to arrive in Nyanga pay point in time because of lack of transport for the elderly.

In summary, what I observe from all the 3 respondents is that, transport for elderly is scares and taxis are too expensive for the elderly to move around. Taxi drivers are also rude towards the elderly. The lack of volunteer workers is still a problem and lack of co-ordination between the elderly people and government/other stakeholders. Furthermore, I also made sure that the “Yes and No ” answers did not dominate a list of my interview schedule.

## **Last question**

Any other views you would like to share concerning the services you receive the family circumstances.

## **General problems faced by elderly people in Gugulethu Township.**

Factors causing hardship were long hours of waiting for the pension team and for payment; long queues of people waiting in all weathers outdoors with no protection, and high costs sometimes incurred in order to receive a scanty pension. The most salient findings of this study are the following:

- Respondents regarded the care of the urban aged as being the responsibility of welfare organisations, community groups and churches.
- Very few respondents regarded the care of the aged as the responsibility of the family alone.
- A minority of the respondents mentioned that they would like to live in a home for the aged in an urban area.
- Almost all the respondents were in favour of the establishment of a service centre in their area and would be willing to participate in establishing such a service if approached.
- The services mentioned by almost all the respondents as being rightly part of a service centre are meals, medical attention/counselling, social welfare services, occupational therapy and physiotherapy.

- Only few respondents felt that the government and family or relatives should be jointly responsible for the care of the aged.
- Half the respondents saw the provision of pensions for the aged as solely a government responsibility and by a little less than half the respondents as a joint undertaking between the government and working people.
- Two respondents would not object to a home for the aged being built in the area where they lived.

They said that the service provided by government is there but is not efficient enough. Because government takes time to respond to the issues concerning the elderly people in Gugulethu/New Cross section. They also complained that there is no co-ordination between themselves and SANCO, CBO's such as civics etc. They also complained about the attitudes of youth and other family members towards the elderly people in the community at large.

I quote " my children do not respect me and I think that it can be good for me to stay in the Old Age Home. But I do not have extra cash to go there. And if there is a place \Accommodation locally which was built specifically for the elderly people like myself, I will rather go there and avoid being ill-treated by someone else. I am also sick and tired about the youth from this community. Because they labelled /call us in names everyday, e.g. "you black witchcraft" when are you going to die because this land is for the youth and not for ugly witches like you" She said David, there is nothing I can do because, the income grant which I receive is not enough and I cannot meet all my needs."

They also complained about the taxi drivers, who also ill-treat them. And also said that SANCO and the society for the elderly currently working in Gugulethu, are useless, lot of corruption among themselves, because their officials have already failed to render/ meet services which is needed by the elderly people in Gugulethu. Finally, they said they believe that government must take this issue into account and is the only government who can resolve this kind of situation, only if they take further steps towards those people who are care for elderly people.

For example, one of them said, I quote, we need volunteer workers, volunteers can be of great help at pension pay points, helping their peers with reading and signing. Because some of the pensioners are ill-treated and easily exploited/abused' 'she also said that they sometimes put their signatures to agree that they have received their pension when they not. Volunteers need not work with the elderly only but can be of help in other spheres, e.g. creche. This links them with children and may bring back values that they begun to break such as the responsibility of children to care for the elderly. She finally said that, even neighbour, and members of church and community organisations, need to be mobilised to volunteer to care for the elderly in their homes.

### **What should be done?**

The obvious question following this scenario-what should and done to remedy the situation. It is not the intention of this paper to provide readymade answers to that



question. I would rather attempt to touch on some major areas of intervention that need to be addressed on a micro-level, if we hope to come to grips with this problem in the long term. Obviously that does not provide answers to those of us who are faced with immediate problem. On the other hand given the long historical development of mass impoverishment in this country, I doubt that we are able to provide immediate answers, save for some damage-containing strategies. Some of these will be brought into discussion later in my final Mini thesis Dissertation.

## **Conclusion**

I feel that, the elderly must be given the opportunity to be an important part of our society, have opportunity to make their own decisions and be involved in our efforts to maintain aged care services in a community in transition. According to the findings of the present study it would appear that the urban black family regards itself as having a minor role to play in caring and making provision for the aged.

Statistics South Africa  
Census 96: Community profile - Descriptive  
Table 1  
Geographical areas  
for Weighted Person, Pensioners

Village name	Population
Dzanani	61
Ha-Makatu	85
Ha-Maphaila	44
Ha-Mandiwana	274
Vhutuwangadzebu	160
Sendedza	229

Created on 6/10/02

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